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## ***Leadership Succession at Regional Medical Campuses – What incoming leaders might want to know from their predecessors***

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## Title Leadership Succession at Regional Medical Campuses – What incoming leaders might want to know from their predecessors

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### Abstract

Succession planning and changeover between outgoing and incoming leaders within medical education is an important but largely neglected topic (Rayburn, Grigsby & Brubaker, 2016). The paucity of literature is even more apparent regarding leadership transitioning at regional medical campuses (RMC). With this paper, perhaps one of the first to inform this topic, we hope to bridge this gap by assembling the shared perspectives of an administrator, senior faculty member, and a learner from the same RMC. Specifically, this work will focus on the following two questions:

- *Based on our collective experiences, what are the critical issues facing an incoming RMC dean?*
- *Are there practical strategies which might assist an incoming RMC dean with the leadership transition process?*

This commentary is the result of our collective experience at Western University's Windsor Campus, a 10-year-old regional medical campus of the Schulich School of Medicine & Dentistry located in southwestern Ontario, Canada. We make the assumption that RMC's encountering leadership transitions are adequately funded, in this way incoming deans can properly attend to effective leadership succession processes. This paper might be of particular interest to those who are personally transitioning as new RMC deans or who will soon take on such a leadership role. We have no conflicts of interest to declare.

### Introduction

Succession planning within academic medicine has been described as “a strategic and rationale approach to maintaining a vital organization by promoting successful leadership transitions” (Rayburn et.al. 2016, p.465). Many academic health centers and medical education programs appear to be poorly prepared for the challenges associated with leadership renewal. It has been reported that, increasingly, executive positions within academic medicine are being filled by interim leaders and that the rates of turnover of academic leadership positions are becoming more frequent (Grigsby, Aber & Quillen, 2009).

Considering that this situation could be accelerated over the next decade given the high numbers of academic leaders who will approach retirement (Cain, Felice, Ockene, Milner, Congdon, Tosi & Thorndyke, 2018), it is clear that immediate attention to succession planning efforts would be prudent. RMC's that anticipate leadership change

in the near future may want to pay particular attention to this issue and the comments which follow.

We propose to commence this discussion using our RMC as a mini-case study and thus provide the aligned perspectives of a soon-to- retire RMC dean, a senior faculty member (Awuku, 2018), and a learner who graduated from the MD program who is now nearing the end of her first year residency training at the RMC. The Schulich School of Medicine & Dentistry's Windsor Campus is a collaborative effort between Western University (Schulich Medicine is the Faculty of Medicine at Western University) and the University of Windsor (host of the Windsor RMC). A formal multi-year affiliation agreement between the two universities is approved at the level of the university presidents. It takes roughly two hours to drive from the main campus in London, Ontario to the RMC in Windsor, Ontario (Canada's southernmost city

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across from Detroit, Michigan) along the international Canada/USA border.

The Windsor Campus can be described as a vibrant “combined model” RMC (Cheifetz, McOwen & Gagne, 2014) where basic sciences/pre-clinical studies occur in the first two years, followed by clinical training in years three and four. Currently there are 38 students in each of the four undergraduate medical education years, and as of the 2018 convocation roughly 240 physicians have graduated where the majority of their training was within the RMC (cohorts from the first two years were 24 and 30 students). The Windsor Campus also supports a range of postgraduate residency training across a variety of specialties including full-time trainees in Family Medicine and Psychiatry (Psychiatry was a new program in 2016, so it will be a few years before it reaches ‘steady state’). The academic program is enabled by a skilled group of approximately 350 adjunct faculty members, the vast majority of these medical educators are active physician clinicians. The role of an exceptionally welcoming local community cannot be over-emphasized. Both the City of Windsor and the County of Essex have been incredibly supportive of this RMC along with many local organizations (Cooper & Awuku, 2018).

Despite the tremendous growth and quick maturity experienced by our RMC, there continues to be developmental issues of significant importance which campus leadership must keep a close watch over. These areas are thought to be critical enough that they would apply to many other RMC’s. For this reason and given the absence of a wider conversation about this topic, we offer our advice in the hopes that it will stimulate an examination of leadership succession by the RMC community. We also hope that our experience will benefit any RMC that is or will soon undergo a leadership transition so that disruptions to the core areas of education, research, and clinical programs will be minimized.

### **RMC Leadership Transition: Critical Issues and Practical Strategies**

Just as Grigsby and colleagues advocate that medical school department chairs should have a leadership succession strategy given the increasing rate of retirements of this cohort and the possibility of unforeseen events (Grigsby et.al., 2009), so should those responsible for regional medical campuses. Making anticipatory plans for when leadership of the RMC needs renewal, whether that be of a temporary nature or more permanent, can help avoid the chaos that oftentimes is associated with these kinds of transitions (Rayburn et.al, 2016).

In examining the Windsor Campus, our assessment of the areas of greatest importance requiring the incoming dean’s attention results in the identification of the following domains:

- Faculty engagement
- Learner health and academic performance
- Community engagement
- Campus culture
- Resource leveraging
- RMC leadership sustainability

These areas are not distinct from one another. In fact, there is considerable overlap. That being said, each of these domains will be explored in greater detail incorporating our collective perspectives in addressing critical issues and practical applications associated with the transition to new leadership. As a basis for our discussion, we have focused on two questions throughout the remainder of this paper:

- Based on our collective experiences, what are the critical issues facing an incoming RMC dean?
- Are there practical strategies which might assist an incoming RMC dean with the leadership transition process?

We cannot say definitively that these domains will be applicable to all RMC’s, or that our approaches will prove to be consistently effective. Still, we strongly believe that our success has been closely connected to the approaches presented

below. Despite their simplicity, these approaches may provide the reader with some new ways of thinking about opportunities created in the leadership transition process.

### Faculty Engagement

Many will be familiar with Pareto's Law which essentially states that 80 percent of the effect can be explained by 20 percent of the cause. We have generally found this to be true, but it is especially true in distributed medical education and within RMC's. Regional medical campuses exist in large part because of faculty's willingness to impart their knowledge and mentorship with future physicians. We cannot have a successful medical education program without excellent teachers, preceptors, and mentors. RMC's may find that faculty are often in diminished quantities in communities which are newer to academic medicine. As a result, many RMC's rely on a relatively small number of faculty to support the bureaucratic necessities associated with a medical campus – Pareto's '20 percent'. Moreover, this is a model that simply is not sustainable in the longer term.

For this reason, faculty engagement must be high on the RMC dean's radar and as an ongoing priority. Attention will need to be given to broadening the base so that the RMC will not be as reliant on a small number of contributors. This way, the workload will be shared by a larger group which will create greater routes for academic leadership opportunities within the professoriate. It might be helpful to consider faculty engagement from a more holistic perspective: how are faculty recruited to your RMC? How easy is it to get them a faculty appointment and/or teaching assignment? How do you ensure that your educators are good at what they do and are focused on continually improving? What keeps your faculty corps motivated, and how will you address problems when they occur?

Regarding the efforts to recruit and retain faculty, much of this work might be handled by the main campus, but there is a great deal that can be done locally to improve the process by adding a personal touch. For example, we have found success

through having exploratory meetings with prospective applicants, sharing an on-boarding manual specific to the local RMC, holding an annual welcome event, distribution of branded swag, and periodic appreciation events (especially ones that are inclusive of families). One of the more successful approaches at the Windsor Campus included a calendar featuring photos of members of our faculty, learners, and staff. These were produced locally at a reasonable cost with our brand prominently displayed. Afterwards these were distributed to faculty, where many readily displayed their calendars within their office/clinic environments and with considerable exposure to their patients.

Incoming deans might want to consider instituting regular check-ins with faculty members by asking them: how are things going and how can we be of help? Additionally, consider advocating that the main campus department leaders also engage in this kind of practice with their distributed faculty members. Perhaps this is something that you can do collaboratively with Department Chairs within your medical school. Make sure to enquire about faculty's satisfaction regarding continuing professional development opportunities: are these available locally and are these conducted live/in person or via distance education? Your regional faculty might appreciate the opportunity to participate in training conducted at the main campus if this can be accommodated from remote locations, and even better if it can be archived for use by the faculty member at a later time that might be more conducive to her schedule.

Reassure faculty that some of the best medical educators started out feeling inadequate, that there are excellent training events and it is possible to become proficient at evaluating a learner's clinical performance. In short, not everyone is a born teacher, but that does not mean one is not destined for excellence.

Next, the incoming dean might examine if RMC-based faculty are encouraged and supported regarding their efforts at scholarship. Do they have access to research support, and are they helped to attend national medical education conferences?

Perhaps some form of mentorship would be helpful for those faculty who have not been as active lately; perhaps they should be encouraged to attend a refresher workshop offered by more seasoned faculty. Some mentorship programs are formal and quite rigorous, while others might be as simple as connecting the more experienced educator/leader with less experienced colleagues. Celebrate all forms of scholarship in the form of an inventory that reads like a reference section. Survey your faculty members repeatedly for any publications, authorship, posters, and/or presentations and add these to the list. Make sure the list is widely shared and celebrated so that your team will aspire to see their scholarship efforts included therein.

If there are differences in the status of distributed/regional faculty compared to main campus faculty, this might require your attention in resolving. At a minimum there should be a level of mutual respect which exists amongst the broader professoriate. As the new RMC dean, you may need to advocate amongst your main campus academic peers that distributed faculty members should be invited routinely to participate in important academic decisions regarding curriculum, residency matches, and/or faculty departmental business. You may need to ensure that relevant policies speak to this inclusion. Ongoing efforts may also be needed with main campus Departmental Chair/Chiefs in terms of the faculty appointment and renewal process. The RMC should have representation on main-campus based faculty appointment and promotion committees if these have oversight of your educators. If not, this could be a fruitful area for investigation. Regardless, it will be important to have these Chair/Chiefs physically visit your RMC at least annually. Develop these relationships as they will be key when you need to resolve a problem or launch a new innovation and your primary form of speaking is via electronic methods of communication.

The incoming dean will also want to know if there is a process by which RMC faculty can be rewarded and/or recognized for their contributions (e.g.

academic promotion, peer recognition, increasing level of responsibility/leadership, and/or faculty appreciation events). Some schools may have a local RMC-based awards program, some schools may have this centrally and some might have access to both. Indeed, there may be benefits to having numerous mechanisms for recognition, but it is critical to at least have some means for this. To be sure, faculty will want feedback even if their performance does not merit formal recognition such as an award; they will want to know how their performance is being evaluated and they will be keen to want to improve their skills as an educator. Ensuring there is help for faculty along this path is one of the most important things we can do as the RMC dean.

Be cognizant of the fine line between sending information that faculty need to successfully accomplish their objectives and over-saturating their mailboxes. Some might want to consider having differential routes of communication where more 'generic' information is distributed through vehicles like newsletters and more critical information will come from administration via a specific/direct email account, text, or cellphone call.

Finally, be mindful of differences in funding provisions where they exist between RMC-based faculty and those from the main campus (e.g. practice plans). There are no absolutely correct answers here as there is no "one-size-fits-all" funding model for RMC's. However, being aware early of sensitive issues like this could save you a great deal of time and effort.

**Learner Health and Academic Performance**  
Generally speaking, RMC's are smaller versions of main campus and are much newer. This often provides RMC's with a natural opportunity to be more nimble and innovative (Carter, Cooper & Johns, 2016). Learners initially might be apprehensive if they believe they are missing out when it comes to academic functions, however, they will soon discover that they can benefit from a more personalized style of medical education. Afterwards, they are more likely to explain that

their RMC affords them an opportunity for "greater hands-on exposure and experience". They will appreciate that the RMC dean regularly meets with their local representatives, has an open-door policy, and knows most if not all learners by name (as do the faculty and staff).

Students perform better when they have a sense of belonging (Levett-Jones, Lathlean, Maguire & McMillan, 2007), which is a strength of many RMC's with their smaller class size and tightly knit community. It is important to continue to encourage the collegiality that exists within RMC's and to encourage students to interact with one another as well as with the community in which they are training. It might be helpful to provide your students with a list of mentors willing to have student observers or research assistants as a means of facilitating their engagement early on. Some RMC's experience academic success through their learners' accomplishments almost immediately while other RMC's might take longer before successful outcomes emerge. Either way, celebrate the successes that do occur and try to build on these so that they will be more likely to be repeated. Positivity breeds positivity and success breeds success (Luthans, Lebsack & Lebsack, 2008). To the extent possible, try to create an atmosphere where those who belong to your community genuinely aspire towards significant outcomes. One of the important conditions for success is that learners need to be healthy. Specifically, they need to be mentally well-supported (Rotenstein, Ramos, Torre, Segal, Peluso, Guille, Sen and Mata, 2016). Part of this will involve your vigilance regarding risk as well as your team's efforts to create a conducive learning environment. We recommend that you pay special attention to these issues prior to the arrival of new learners. For example, how are new students initially welcomed and oriented to your campus? Have you taken precautions to ensure their safety, as well as minimizing any reputational damage that could result from over-zealous orientation practices (see for example: Cooper, Ellaway, Tithecott, Bere & Piccinin, 2014)? As the saying goes, you only get one chance for a first impression, and the RMC dean can help guide the

newest learners through this exciting yet daunting process.

Capturing key performance criteria such as learner feedback/evaluations (clerkship rotations, grades, graduate surveys) is also something new deans may want to be mindful of; best too if you can assemble this data so as to be aware of trends as well as current activity. Consider if your campus' residency match statistics are comparative to the main campus and other RMC's, if possible.

Chronical learners' participation with research (for example, track the number of funded projects, posters/presentations, and so on...) and include these in the scholarship inventory like the one you have created for your faculty members (or perhaps combine all scholarship efforts into a single inventory).

As the RMC dean you may need to champion your campus' awards/recognition program(s). By promoting learner involvement, you will encourage them to make nominations (make it easy to nominate and several reminders to do so; track how many participate with this process each year). Offer to assist the learners, especially the newest ones, to hold social events that integrate amongst the years and/or campuses. Help them to get acquainted with and to participate on various academic committees and support their efforts to give back to the local community (e.g. fundraisers, charities).

Be mindful of the opportunities that exist at the RMC which are not necessarily available at the main campus, and vice versa. For example, at our RMC we have a very close proximity and working relationship with the Faculty of Nursing, and thus great inter-professional educational (IPE) opportunities (Cooper, Inayatulla, Patrick, & Sbrocca, 2015). These opportunities may vary from site to site but assess where you have natural advantages and leverage them to the greatest extent possible on behalf of your RMC.

Does the formal curriculum provide opportunities for learners from different campuses to integrate? Some have suggested that this may have unique benefits if accomplished early on (Ellaway, Cooper, Al-idrissi, Dubé & Graves, 2014). To what extent

can you facilitate the transportation to such activities at the other campus, accommodate time-off requests, or allow students to attend some curricular activities at the other campus? This might be an area where donors might be willing to assist, especially if it is associated with specific events such as research presentations or unique events that are part of the school's culture and tradition.

Remain aware of the kinds of professionalism issues that occur within your RMC, their frequency (trends will be important to watch for), and how they are dealt with. It will be important that there is a consistent approach between campuses regarding how these issues are addressed and when indicated remedial efforts; frequent contact with and a conducive professional relationship to the respective academic leader(s) is quite important. It will be important for you to document these, even with brief process notes as needed. Give careful consideration to proactive health-promotion policies and activities as well as risk-avoidance strategies. For example, if your students will need to travel to the main campus for components of their training, is there a policy regarding travel during the winter months or inclement weather? Finally, be mindful of the need for good contingency plans that speak to things like bad weather or other catastrophes (best too that these should be aligned with the main campus). For example, what happens if one campus is forced to close because of a local storm but the other campus is unaffected?

### **Community Engagement**

It is not unreasonable to conclude that many RMC's were created to address physician shortages in a given geographic area, and that their presence is a fairly recent phenomenon. The Association of American Medical College's (AAMC) Group on Regional Medical Campuses (GRMC) data suggest that 61 percent of all RMC's have been established since 2010 (McOwen, 2017). These two facts contribute in a major way towards understanding why local host communities are so supportive of the RMC's presence. This is important and should

be capitalized on; it is also something that you should emphasize with main campus-based medical education leaders.

Connection to the community can result in curricular opportunities, increased interest from potential donors, new ways of teaching, supporting learners, and potentially recruiting these same learners as faculty. There are many ways to build and enhance relationships between the local community and the RMC but maintaining positive professional relationships with all stakeholders cannot be emphasized enough. In addition to learners, these stakeholders are likely numerous, including the main campus decanal team, local hospital and community agency leaders (especially those where your learners train), local academic/faculty leaders, staff, volunteers (standardized patients, proctors), and local media. In this regard, we have found it beneficial to involve the School of Medicine's dean in local activities whenever possible. Indeed, this might be made easier by exploring if there are any personal connections the dean and/or other senior decanal school leaders have to the RMC community and leverage these.

Should you develop signature events for your RMC, you might consider providing complementary tickets to key community supporters/donors and/or try to involve them in the school culture somehow (e.g. newsletter mailing list, guest lecture, focus group). Other novel ways to engage the local community in your school's mission could involve invitations to promising local high school students to visit the RMC or teddy-bear clinics for younger children, perhaps from underprivileged backgrounds. If you can solicit medical learners' participation in the running of such events, not only will the event be more successful, but you will also have medical students who are honing other skills while giving back to their communities. We recommend that the incoming dean maintain a monthly log of activities that advance your RMC's mission; no accomplishment is too small. Afterwards, these can be distributed as updates to your key stakeholders (this can also be an opportunity to educate them about the process of

medical education – also a good way to begin the donor recruitment process). These updates can also be useful in routine reporting to one’s supervisor or various academic committees, and they will serve as a wonderful narrative account of your RMC’s journey. These monthly logs can also be used to track the number of learners, faculty, and staff who nominate peers for awards as well as those who are receiving awards – we maintain a list of faculty members who are recognized beyond the local level (provincial/state, national, international). This list has proven its value many times over; the trick is to create it early and to routinely update it. Similarly, if you have an awards program, we think it worthwhile to recognize every nominee with an individualized communication (email, letter) thanking them for their contributions. We also suggest that it could be beneficial to maintain a chronological folder with media clippings and evidence of other outcomes that illustrate how the RMC is achieving its mission. You might even want to consider the creation of a time capsule since these could provide the RMC with some special opportunities down the road (e.g. learner research posters, student life videos, manuscripts, photos, publications roster).

### **Campus Culture**

There is a good chance that the RMC you are associated with is a relative newcomer to the medical education landscape. It might be helpful to learn as much as you can about the specific origins of your campus in addition to how RMC’s came to be and their connection to social accountability mandates. There are several excellent historical commentaries, and these will provide a wonderful context for your efforts (for example: Ramsey, Coombs, Hunt, Marshall & Wenrich, 2001). With regard to your RMC, what were the drivers that led to the creation of your campus? Who were the champions, and do they continue to play a role such that you might be able to mobilize them for support? Have events leading to the creation of your RMC been chronicled? Sometimes there might even be consultant reports that speak to

developmental issues within the RMC; these too can provide you with important information. Most RMC leaders likely want their campuses to be known as exceptional places to learn and work. As you become familiar with your campus you might check your own impressions of how close this describes the situation or how much effort you expect that it will take to get your RMC there. Have you experienced your RMC to be a safe, respectful and inclusive center for learning? Is there a ‘can-do’ attitude present where members of your administrative team in addition to the faculty and learners feel empowered and that there are no limits to what can be accomplished? If not, what steps might you be able to take to eventually lead toward such a culture? Who can you rely upon to help move the RMC into this direction and what can be done to best empower their efforts? Telling your RMC’s story is very important. Do you have members of your local team to assist with this function, or will the work be taken on by colleagues at the main campus? If the latter, you may have to educate them about the nuances of your community and thus what stories are important to your local stakeholders/citizenry. It might also be helpful if you can showcase your RMC in other organizations’ newsletters, and even better if you are able to discuss projects that you are collaborating on. In our experience when we have held special events, we have benefitted a great deal by having access to a photographer who can ensure high quality pictures of the event and those in attendance. Afterwards, there can be multiple purposes for these photos (for example, making into posters to adorn the walls of your campus, local health care organizations, and/or physician offices and afterwards sending electronic files of the pictures to key stakeholders and potential donors). It might be prudent to consider in advance if you need to arrange for consent forms regarding the eventual use of these images. Signature events are a wonderful way to build a campus culture while at the same time reinforcing and responding to community issues. These provide you with an opportunity to showcase your connection to your community and what makes



your RMC a special place. At the Windsor Campus we always begin the academic year with a Meet & Greet event welcoming all newcomers to our RMC 'family' (including faculty, staff, and learners). More recently, we also used this as an opportunity to capitalize on recent efforts towards encouraging inter-professional education (IPE) and thus extended a welcome to include other health discipline learners.

If yours is a newer RMC, you might consider what opportunities exist to celebrate the first graduates ('charter class') of your RMC. This is a very special moment in time and a particularly important event to involve the host community. In our case we had the benefit of being able to plan several months in advance and had a community-based committee assisting us, leading to special newspaper and magazine supplements, special events hosted by community partners, historic gifts to the charter class, and a convocation ceremony that included the presidents of the main campus (Western University) and RMC's host university (University of Windsor).

It might be helpful to also think about your learners as future alumni and begin that relationship early while they are in your presence; learners and their family members are also potential donors – if not now, perhaps at a future time. It is best to get them feeling as though they are a member of the RMC family. They will also be great ambassadors within the community.

If it is possible, consider establishing an RMC-specific awards program where the awards will be more meaningful to members of your campus than similar awards that might be hosted by the main campus. This way, you are also able to better define the criteria of the award. Be sure to recognize all who are nominated with a personalized letter from the campus dean.

In order to showcase these awards, we strongly advise that you host an annual awards banquet. At the Windsor Campus, we hold this at the same time we celebrate the graduating class' accomplishments. This is also an opportunity to determine an appropriate name for the event (e.g. Celebration of Excellence) or to possibly name it

after a special donor. Every effort is made to have our dean play a prominent role at this event (for example, all award recipients are photographed with the dean prior to the formal banquet, photos are later sent to award recipients along with our thanks). Making this available to the local community may have additional dividends in terms of relationship building with prospective donors. Feedback that we received regarding faculty and staff appreciation events caused us to consider having some of these where members of the team can also involve their families.

Before you realize how quickly time has elapsed since your grand opening, you will need to begin preparations for an anniversary milestone; whether it is at year 5, 10, or 25, this will be another chance to involve your local community and the media.

### **Leveraging Resources**

Ideally, as the RMC dean you will have some discretionary funding for special local projects. If this is not the case, then perhaps a local donor might be a reasonable solution to provide you with this flexibility. Consider yourself to be a farmer: always planting seeds in the hopes that 'fruit' will result at some future time. Nurture the seeds to the extent that you can, and continually look for ways to connect your campus to the local community and vice versa. As you tell the story of your campus, be sure that this story includes all who contribute to your campus: volunteers, standardized patients, exam proctors, and administrative assistants within clinics who arrange for the preceptor's time, to name a few. The more inclusive you can be with this, the better the opportunity for a wider community of support. Keep these stakeholders connected to your RMC through whatever mechanism works: social media, newsletters, certificates of merit, old fashioned open houses, or even hand-written letters of thanks.

A research colleague once shared an interesting story regarding community engagement and it is worth repeating here. While checking out of a hotel in a small rural community served by a RMC, when the front-desk clerk learned that the

departing customer was associated with the RMC they began singing the praises of the school and thanking him for helping to solve the physician shortage. When he said that he was a researcher and not a teacher, it made no difference to the hotel clerk: they saw this person as an important part of their healthcare because of the affiliation to the RMC (Dubé, Schinke, Strasser & Lightfoot, 2014). One never knows where there are quiet sectors of support, so it is best to know ahead of time that your local community is invested in the success of your RMC; invite them to contribute to the RMC's mission and to celebrate their affiliation no matter how insignificant.

### **RMC Leadership Sustainability**

In order for us to be as effective as possible and for the longest duration, we must take care to maintain a healthy balance in our own lives. While it is true that we are medical educators, even if the vast majority of our time might be spent on administrative matters, our actions, judgements, and demeanor may have a much wider reach than we realize. All the more reason to ensure we are at the top of our game; we educate our administrative teams, our faculty, and our communities in addition to our learners. In short, we are role models and given the stake our communities have in our work, our sphere of influence can be quite extensive.

With that, our leadership role is often reduced to a few areas that might be surprising: cheer-leader, relationship counsellor, farmer, and strategist. Some of the best teachers and sources of inspiration and support are colleagues who have similar roles at other RMC's. They often provide creative ways to look at an issue as well as a means of stimulating curiosity and inventiveness. For those new to RMC leadership roles, it is recommended that they find ways to connect with this community of like-minded individuals. There is a growing network across North America and perhaps one place to start would be the Group on Regional Medical Campuses (GRMC: <https://www.aamc.org/members/grmc/about/>).

It is also recommended that incoming RMC deans carve out time periodically within their schedules to work on special projects that they enjoy. Perhaps this will be writing, conducting a research study, or participating in a special assignment. Whatever the task, it will help to recharge and approach regular assignments with new energy. Another strategy that might help would be to restrict the checking of email to certain times of the day or by declaring some email-free 'vacation' periods.

As you are doing these things, consider how you might be preparing your colleagues to take your place when the appropriate time comes. Of course, the decision will likely fall to your superior, but that is not to say that you cannot have influence on who might be considered as your successor. There are many excellent resources on being an effective leader but not too many of them advocate that such success follows one who micro-manages. Therefore, give your subordinates latitude to demonstrate what they can do and help mentor them as the need dictates. Doing so you can add one more aspect to your job description: coach. Being a good coach is probably intuitive to most, but it needs to be stated as part of this conversation too. It is a good reminder, especially as one climbs into a new RMC leadership role.

### **Discussion**

As we crafted this commentary, the need for more empirical data regarding leadership metrics within RMC's became increasingly apparent. Nearly 40 percent of medical schools responding to a 2016 North American survey (93 percent response rate) reported having an RMC (McOwen, 2017). These campuses together account for over 9100 medical students and over 34 000 faculty members (Ibid.). In short, the lack of data regarding RMC leadership succession affects many stakeholders. For example, a discussion like this would be much better informed if we had a better understanding of the average length of service for RMC deans, what their qualifications are, and if they tend to be replaced by applicants from within the RMC, as is the case with medical

school department chairs (Rayburn et.al. 2016). In the past, the AAMC's biennial survey collected data about RMC governance, but perhaps it should expand in the future to also include information about leadership and succession practices.

It would also be helpful to know of others' experiences with regard to those domains that are of greatest urgency requiring action when a new RMC dean arrives. Learning of these issues might lead to a resource manual that could aid new deans and expedite their transition process with greater efficacy as opposed to relying on a single case study like that provided here. Likely, such action would have the effect of broadening the domains cited within this paper in both depth and breadth. One way to illustrate this point is to consider the points we raised regarding faculty engagement and RMC leadership sustainability: others might choose to begin the process of leadership recruitment at a very early stage, right after the new RMC dean's arrival. Others have highlighted the distinction between "interim" and "acting" deans (Grigsby et.al. 2009); perhaps this also needs some discourse within the RMC leadership transition conversation. Finally, it might also be worthwhile to begin to consider RMC's risk exposure to the effects of retirement, certainly amongst its leadership, but perhaps more broadly as well (faculty and staff).

As mentioned earlier, we are not sure if these domains will be applicable to all RMC's or that our approaches will prove to be uniformly helpful. That said, we believe that success associated with our RMC has been connected to the approaches as we have outlined above. The strategies are simple but will require careful and sensitive attention to local circumstance. In doing so, these approaches may provide the new RMC dean and others with some novel ways of thinking about opportunities created in the RMC leadership transition process.

## Summary

Three distinct voices from a single RMC have endeavored here to assist new RMC leaders with their transition. The perspectives include a campus

dean nearing retirement, an accomplished faculty member, and a graduate of the medical education program. Here, they have combined to address questions related to critical areas needing attention and practice strategies that have proven helpful in doing so. While these three perspectives are aligned, each adds something unique to the conversation. It is hoped that those who are new RMC deans or who will soon take on such leadership roles will benefit from our collective experiences and eventually build on them for those who will follow. We also hope that these observations will help to stimulate a larger overdue discussion regarding leadership transition processes within regional medical campuses.

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