Case Study #1: Can’t land the plane

You have been department chair for two years. You inherited a faculty member, Dr. Jim Brick, whose primary responsibility, outside of working clinically, was to expand departmental CME offerings to physicians around the state and in the region. This was seen as an opportunity to bring in dollars as well as enhance the reputation of the department. Since your arrival, Jim hasn’t delivered.

During your regular meetings, you and Jim have had long conversations about his approaches and the great relationships he has developed. You have shared how glad you are that people were talking to him and that he was forming these relationships. But you also told him that that he needed tangible deals. This is the same conversation you have had in the three straight one-on-one meetings and you discussed at his performance review last year.

Increasingly, though, you feel under pressure. Dr. Brick has no progress to report. Other faculty are making advances in their respective areas in much less time and with fewer resources.

You felt you needed to scare Dr. Brick into action. So at your last meeting, you gave Jim 90 days to close a deal. Nothing changed and now four months later, you need to conduct an annual faculty review with Dr. Brick. What is your plan?

How, if at all, would your response change if Dr. Brick had protected time for this activity?

How, if all, would your response change if he was one of your strongest clinical performers?

How, if at all, would your response change if he was one of your weakest performers clinically?
Case Study #2: Lackluster lecturer

One of your faculty, Dr. Pamela Wanerman, is a real star. She is well-funded, very conscientious and highly professional, a thought-leader among her peers in the department, and good at everything she tries. Outside of her research, one of Pamela’s biggest responsibilities is giving didactic lectures to medical students and residents.

The course director brought it to your attention that while Pamela is a good speaker, she is very deliberate in the way she speaks, which is sometimes too slow. The course director thinks it portrays a lack of energy, and has observed medical students tuning out during her presentations. Her teaching evaluations are average in the department, and there are only a handful of comments from learners suggesting she be more interactive. You think this is a relatively minor problem but decide to bring it up in an upcoming meeting. During your face-to-face discussion, however, you second guessed yourself and decided not to bring it up.

Two months passed and nothing changed - Pamela still delivers lackluster presentations. The graduate program course director has now brought this to your attention as well. It is time for Pamela’s annual review. What is your plan?

How, if at all, would your response change if her teaching evaluations were the lowest in the department?

How, if at all, would your response change if Pamela was not well-funded?