

EXTRACTS

THERE must be a focal point for medical staff organization. This revolves around the physician designated as Chief of Staff, or other appropriate title. It is one of the most important positions in the hospital complex.

The Chief of Staff should be designated by the governing authority, preferably selected from two or three active members nominated by the Medical Staff. Such designation is most often for a one year period, although, for continuity, a two or three year term might be preferable; it should not be indefinite not in perpetuity.

His selection and tenure can be disastrous for the hospital if based solely upon friendship, cliques, and politics.

An Assistant Chief of Staff should be selected in a comparable manner. Anthony J.J. Rourke, M.D., has suggested certain criteria for consideration in selecting the Chief of Staff — that he cares for the largest percentage of his own patients in this particular hospital; a member of the active staff for at least five years; served at least three years as a member of one or more standing committees, and at least one year as a Chairman served the local medical society in some capacity for at least one year, and some community health activity for a similar period; an ability to talk, and have given at least three papers at medical meetings; professional attributes which include

The Chief of Staff

respect for and of his fellow physicians; administrative skills as demonstrated by his ability to get things done; capable of disagreeing without being disagreeable, and willing to tackle the unpleasant tasks as they come along; willingness to relinquish his post as chief of a clinical service during his tenure as Chief of Staff; an interest in the hospital and willingness to serve; sufficient time available to carry out the responsibilities of the post; preferably be not less than 40 years nor more than 62 years of age.

Qualifications certainly would include clinical ability, but of ever more importance, perhaps, are leadership qualities in organizational and medico-administrative matters. He must work closely with the administrator and department heads, with mutual understanding of clinical and administrative problems. The administrator has full control over purely administrative matters, the Chief-of-Staff full control over clinical matters. However, these cannot always be sharply defined; there are many gray areas in which solutions to problems are largely dependent

upon mutual understanding, respect, and trust, with action directed at the greatest good of over-all hospital objectives.

The Chief of Staff is responsible for the smooth functioning of the clinical organization of the hospital and keeps, or causes to be kept, firm, careful supervision over all clinical work done.

LEADERSHIP BY CONSENT

Consent by his followers constitute much of the leaders power. He leads as long as he has followers. He has followers so long as he leads the group effectively toward solving their problems.

The leader must remember that consent is temporary and voluntary, therefore the leader must continue to earn his position, if he does not he will lose it.

There are three major leadership tasks, he must manage the organisation, be an effective social engineer and maintain democratic value.

To make the organisation survive as Thomas J. Watson Jr., has noted requires bringing out "the great energies and talents of its people".

REFERENCES

1. Principles of Hospital Administration, Second Edition By John R. McGibony, M.D.,
2. The Exceptional executive by Harry Levinson