The Afterlife for Retiring Deans and Other Senior Medical Administrators

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Career options for individuals leaving the administrative role as dean of a school of medicine or other senior administrative positions are considered. Options discussed include retirement and a variety of other positions both within schools of medicines and in other venues. Many opportunities exist for a challenging and fulfilling career path after leaving the role as a senior administrator in an academic medical center.


This article focuses primarily on the career options available to deans after they relinquish their administrative role. Since the complexity of modern academic medical centers has led to a variety of central administrative structures and thereby various administrative roles and titles; I will use the term “dean” broadly to encompass all these nondepartmental leadership positions in medical schools and academic medical centers. Furthermore, the movement from a specific dean title to another more senior central administrative position in the same academic medical center will not be viewed as a postdean career option but rather as a continuum of the more general “dean” role.

There are surprisingly little compiled data on what career steps deans take after leaving their administrative position. The former President of the Association of American Medical Colleges (AAMC), Dr Jordan Cohen, a distinguished nephrologist, as well as others in the AAMC indicated that this organization does not have a formal compilation of such data. Furthermore, my literature search, carried out in part with their assistance, uncovered only one article with some information relevant to the career paths that deans of medical schools pursue after relinquishing their administrative appointments; however, it was limited to the time period from 1940 to 1992 (1).

I also identified a few articles I will mention that provide relevant and interesting insights into both the careers of senior faculty and into retirement (2–5).

Although this article focuses primarily on deans and other senior, nondepartmental, medical administrative positions, many of the same issues confront department chairs and to some degree senior faculty who have not served in administrative positions. However, in general, there is continuum between those in dean positions, chairs of larger and smaller departments (and also between chairs of clinical disciplines that are more technique intensive compared with those that are largely cognitive), in regard to the ease with which they can return to full-time clinical and/or research careers after they relinquish their administrative positions (2,3). Obviously, retirement is a career option that needs to be considered by all of these individuals as well as nonadministrative senior faculty.

Given my inability to find a substantial amount of written material or data specifically addressing this topic, I instead solicited input from several colleagues and my own knowledge of this subject to write a largely personal perspective.

As the overall population ages, so too does the life expectancy of those of us in academic medicine (2). Those aging academicians fortunate enough to sufficiently sustain their intellect and energetic enough to wish to continue their careers will need to consider career continuation in other roles (2–4). This will be especially so for those who have served in high level administrative positions. For some, retirement will be the best option, but it too, as elegantly summarized in an article by Moser (5), should be considered a next “career” choice. Furthermore, as noted by Hall (2), in an assessment of career options for senior pediatricians, “a great deal of literature on aging suggests that staying active (physically and mentally) leads to better health and a sense of well-being.”

The decision to depart from a senior administrative position (dean or chair) is sometimes dictated by institutional time limits on such appointments or by an institutional decision to undergo a change in leadership. Alternatively, it may be dictated by the individual because they determine it is time to step aside or for many other reasons, including job satisfaction, interest in pursuing other career options, or desire to retire. Regardless of the reason why change occurs, the next career steps will need to be addressed.

Typically, while serving in the role of “dean,” it is not possible to sustain the commitment to clinical and/or research endeavors with the same vigor that could be pursued before assuming an administrative position. This also pertains to...
Reinvigoration of my prior career as a basic, laboratory-based investigator did not seem feasible, although there are those who might be able to re-create themselves successfully in this role. Rather, I chose to pursue a totally different investigative career path. To do it, I went “back to school” and learned the basic skills required to carry out research in clinical epidemiology. I was fortunate to have access to the Master of Science in Clinical Epidemiology program at the University of Pennsylvania School of Medicine. This intensive curriculum, which I audited, covered all aspects of research in clinical epidemiology, including research design, measurement of health status, database management, and statistics. I might note that it was a rewarding and exhilarating experience to be back in the classroom with young, bright, and enthusiastic trainees about to launch their careers. What better way is there to “feel young again” or in the least to delude yourself into thinking that you might be.

I did not choose the schooling first and the research project I wished to pursue second. Rather, I identified a project I wished to tackle and realized that I needed new skills not only to do the project but also to establish sufficient credibility to pass muster by a National Institutes of Health study section.

In choosing a project, I decided to address what I thought was an important question and one that did not have a high likelihood for success. I followed this path for several reasons:

1. The investigative problem chosen was unlikely to be pursued by younger faculty starting their careers because the risk of academic failure would be too high. Who better than a senior person who was totally risk-adverse to take it on.

2. If a successful pilot project could be carried out, there was a reasonable chance to obtain competitive funding because hopefully it would be viewed as important and also a novel idea that others were unlikely to attempt.

Keep in mind that, at this stage of one’s career, multiple attempts to obtain funding for a project are not realistic.

The research project I chose is to determine whether large electronic medical record databases can yield valid results regarding therapeutic efficacy. The answer to this question is dependent both on the quality and comprehensiveness of the data in the database and on the validity of observational studies. Our goals were not only to determine the usefulness of the electronic medical record database and the observational studies it enabled, but to identify and overcome impediments to their validity that would be identified. I assembled a skilled team and we were lucky. Out pilot study worked out well enough to submit a strong grant proposal, which we were fortunate to have funded by the National Institutes of Health on our first try, despite a remark from one of the reviewers suggesting that “I didn’t have the relevant experience to carry out the project.”

Pursuing this investigative effort has been wonderfully rewarding, albeit sometimes a frustrating experience typical of all research. Fortunately, the project has gone well enough to suggest that electronic medical record databases can be a valuable tool for performing valid outcomes research and to warrant submission of a competitive renewal (6–8). It has helped
sustain a youthful vigor in me and stimulated my creativity. My story is not unique for other academicians or for other retirees who have pursued other career paths.

In closing, I would like to recount one striking example, which all of us can take to heart. It is about one of our friends, a businessman-inventor who at the age of 91 was still intellectually vibrant. Unfortunately, however, he suffered from severe physical ailments, including unrelenting back pain requiring high doses of medication as well as Parkinson’s disease, both of which severely limited his mobility. On his way to his rehabilitation physician’s office, he fell and broke his hip. That could have been the final chapter for a lesser individual, but he was determined not to have it deter him. So, while in the hospital recuperating, he and his trainer developed a completely new concept for a mobility assistance device that permits maintenance of upright posture and concurrently decreases the weight load on the spine. He walked out of the hospital using this new device along with a new business he established to produce it. He is now pain free, mobile, intellectually motivated to a high degree, and excited about achieving success with his new business.

He is a wonderful example of “it’s not how old you are,” rather, it is “how young you think” that will define one’s postadministrative “joie de vie.”

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Disclosures

None.

References