

How to Optimize the Use of Emeritus Professors

If you ask most Hospital CEOs, department chairpersons or program directors what are the biggest challenges they face, almost invariably they will reply - financial and manpower constraints. It is time to analyze what, in many institutions, amounts to an underutilized resource-emeritus professors. In most medical schools, the title emeritus is honorific without salary and in most cases without a dedicated staff or office.

However, not only are many of these individuals still vigorous, mentally and physically, but most have a sense of loyalty to their institution and are eager to contribute in any way they can. Therefore, what are some practical ways to utilize this potential resource?

TEACHING: Clinical teaching often gets neglected on busy clinical services.¹ To “shadow” an attending in the clinic or in the OR is one thing, but to engage in dedicated didactic teaching, often uncompensated, is neglected in many institutions. In terms of teaching, not only do emeritus professors have more time, they can also offer a perspective on how treatments and procedures have evolved over time. In addition, many young physicians complete their residencies and still lack good presentation skills.² Training residents to refine their oratorical ability is another area where emeritus professors can serve as a resource and mentor young physicians.

SURROGATE TIME SAVER: Many chiefs of service complain that they are already spread thin in terms of time and additional demands can be onerous. Emeritus professors can serve as a chairperson surrogate to attend meetings that are necessary, but perhaps don't really require the direct input of the chairperson. The emeritus faculty member may be less likely to have a personal agenda as compared to younger faculty members.

PROMOTION COMMITTEES: Another specific example of potential utilization of retired professors is service on promotion committees. Promotion committees are important, but often tedious. Serving on such committees can be a very appropriate use of emeritus faculty. They often bring a perspective of past criteria used to qualify for each academic rank.

FUNDRAISING: Fundraising is a constant challenge for most medical school departments. Again, time is often a factor. A retired professor usually has the time to devote to lunches and dinners with potential donors. They can also highlight exciting clinical or research programs as a proud parent would do rather than appearing to come across as a self-promoter.

INSTITUTIONAL MEMORY: Many emeritus professors have served a decade or longer at their institution and possess an “institutional memory” which is a valuable resource. They can identify previous allies or adversaries of the organization. They can also recall mistakes made by the institution that may have predated the current leadership. It is also likely that they have personal relationships with previous residents, fellows, faculty and staff which can serve to solidify the organization's sense of community and strengthen a regional or national network.

MITIGATE ISOLATION OF LEADER: All leadership positions, medical and nonmedical, can be undermined by a sense of isolation and mistrust.³ All leaders benefit from a circle of confidants who can not only serve as counselors but perhaps, even more importantly, challenge the leader when there is honest disagreement.⁴ Emeritus professors therefore have the potential to serve as an “in house” conduit for ideas, suggestions or complaints to the chief that others may be reluctant to communicate for fear of reprisals.

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LOYALTY IS CRUCIAL: For an emeritus faculty member to serve the functions described above, the loyalty to the current chairman must be unequivocal and they must have a relationship based on mutual trust and respect. A former chief must be aware that he/she cannot be perceived as a “shadow” chief. All conversations and feedback to the current chief must be fiercely confidential. There can never be any “second guessing” by the emeritus faculty to other faculty members regarding decisions made by the current leader.

In an era of limited resources, it is worthwhile for medical leaders to consider reaching out to emeritus professors as an underutilized resource and to arrive at creative ways to incorporate retired faculty into the organization’s structure.

Kevin R. Loughlin, MD, MBA
Associate Editor
Boston, Massachusetts, USA

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