Management

OR directors finding opportunity in interim management positions

One seasoned OR director found herself at a career crossroads a few years ago. “I’d had many roles over the years: staff nurse, manager, director, vice president,” she says. “You get to a point where you’ve done everything and ask yourself, ‘What do I do now?’” She knew a chief nurse position wasn’t for her, so she took 3 months off to “sit in my garden” and answer that question. Opportunity found her in the form of an interim directorship.

Judith Canfield, RN, MBS, MHA, principal for her consulting business of CJ Associates in Seattle, is currently interim clinical director at Oregon Health Sciences University in Portland. She says, “There are so many opportunities to coach and mentor other people to get to the next level.”

Abundance of opportunity

Canfield joins a number of OR directors who are finding satisfaction with interim management. Mickie Parsons, RN, MS, CNOR, an independent contractor in Dillon, Colo, says, “There’s definitely growth in the demand and more growth than there are candidates.”

She reports that 3 firms she knows of say requests for interim directors have doubled in the past year.

Ilah Stolz, RN, MS, executive vice president of interim management for B. E. Smith in Lenexa, Kan, says growth has been as much as 100% in this area over the past 5 years. Paul Wafer, RN, BS, MBA, principal of Alpha Consulting Group, Inc, Manhattan Beach, Calif, says his business tripled last year, and he expects it to double in 2007.

Why the need for interim management? Wafer says hospitals know they can’t leave ORs in inexperienced hands. “It doesn’t take long for things to spiral out of control unless you have an experienced team. Of course, the key is finding experienced leaders with a good track record.”

That’s proving difficult. Says Parsons, “We’re getting older, and there aren’t a lot of people coming after us.” Wafer agrees, noting, “Generation Y has other priorities and doesn’t want to take on the responsibility of management. Add this to years of ‘lean’ organizations taking out the middle management in most ORs, and you’re left with a tremendous void at the director level.”

Experienced OR directors can fill that void as interim managers. Experts report openings across the country in all types of facilities, from small to large.

Denice Higman, RN, MSN, president of Soyring Consulting, St Petersburg, Fla, reports, “We’re always looking for additional surgery people.”

What it takes

Think interim management might be for you? Experts recommend asking yourself several questions before taking the plunge (sidebar).

Linda Slezak, RN, MSN, Redwood Shores, Calif, who has more than a decade of experience as a perioperative consultant, says the first question is, “Why do I want to do this?” Ideally, the answers are positive, such as more independence, travel, and a way to share your expertise with others. Be wary of answers such as burnout or changes in senior leadership that have left you dissatisfied.

“My experience is that OR directors are a resilient group. Interim OR directors
have to be even more flexible and self-assured,” she says. “Often, the client has been without leadership for some time, and the challenges are significant. The interim must be able to hit the ground running, fix problems, and move the department forward in a short time.”

Many interim managers cite the benefits of not being a permanent part of an organization.

“Interim managers have brought a lot of value to past organizations but are now looking for a different quality of life,” says Stolz. “They don’t want the stress that comes with making a long-term commitment to an organization, typically 3 years or more. Plus, they get to take time off between assignments as long as they wish.”

Like any job, interim management has its challenges and rewards.

“The hardest part is not being in your own home for extended periods of time,” says Canfield.

Larry Noriega, RN, PhD, is an experienced interim director as well as principal of Spinnaker-Health Partners, Houston. He notes that interims get to know the staff well. “You really do care about the people and become invested, so it’s a little sad when you make closure.”

Adds Carreen Andrada, RN, MSN, CNOR, “I like traveling and meeting different people and working in different facilities. It keeps me fresh and on my toes.” A consultant with 6 years’ experience as an interim, she is currently interim director of perioperative services at Anaheim Memorial Medical Center in California.

**What will you do?**

If you choose to become an interim manager, you may be asked to maintain the status quo. More often, however, the hospital wants change.

“You take over and push through initiatives that are needed to keep up the momentum,” says Slezak. “This might be managing the capital budget, working with the physicians, or being a change agent while they are recruiting a new person.”

You might be called on to implement a new service line, provide executive coaching, or prepare for a visit from the Joint Commission or state regulatory agencies.

Interim roles last from about 3 to 9 months, with 6 months the most common.

**Types of models**

Interim management has 3 basic models.

The staffing company that brokers with the hospital to find an interim director is one model. The company’s responsibility often ends when you are matched, and you are paid by the hospital.

In the most common model, a company supplies interim management along with consulting as needed. Those in the field recommend starting out this way.

“If you work as an interim, you have to be concerned about indemnification,” says Slezak. “The benefit of working for a firm is that it carries the insurance.”

Some firms provide support during the assignment, such as data analysis, databases of policies and procedures, and benchmarking services. It’s wise to determine the extent of support in advance, she suggests.

In most cases, you’ll be a consultant instead of a full-time employee. Wafer recommends hooking up with 2 or 3 different companies if you want to work 12 months a year. Look for companies online, through advertisements in OR publications, or in direct mail advertisements. Another avenue is to talk with vendors you know who also provide this type of service. Don’t forget word of mouth; networking is key in this field.

Send your resume to the company and ask to be listed. Wafer says a company will want to know the value you bring and your connections.

Forming your own independent business is the third model, although experts warn against taking that route first.

“If you want to get started, I would say you should work for a consulting group; they will give you the resource support,” says Andrada. “Administration won’t want to hold your hand while you learn the computer system. You’re hired to solve problems.”
If you decide to venture out on your own, Wafer recommends working with an accountant to set yourself up as a sole proprietor, limited liability company, or corporation to make it easier to contract with clients and manage your business. This will also help in taxes and liability matters.

**Before you leap**

If you are employed full time by a firm, you most likely won’t interview the client. If you meet the client, Parsons recommends asking about key issues, what has or has not been done to address those issues, and why the previous person left. Learn as much as possible about the nursing staff and the situation.

Noriega recommends talking with potential direct reports and leaders of other departments, such as finance and materials management. Ask about available resources, including secretarial support, and whether OR educators are on staff. Canfield advises tapping into your network of fellow directors to learn more about the facility.

Most important, establish expectations: “Are they expecting you to apply a Band-Aid or move forward?” asks Slezak. Be sure you understand what deliverables are expected at the end of the commitment.

**Pay and benefits**

Pay for independent consultants ranges from $900 to $1,000 or more per day. Firms usually pay less, $400 to $500 per day because of the overhead, insurance, and additional services they provide. Although the pay is typically more than an OR director can make at a single organization, remember that health benefits or retirement aren’t typically included unless you are employed full time.

The firm or hospital pays your expenses, including lodging, car rental, and airfare. You can negotiate the number of times you return home for visits during your tenure.

You’ll need to purchase your own liability insurance and, unless your state has a compact arrangement with the state in which you are going to practice, apply for licensure in the state where you’re working. Some companies don’t allow you to do hands-on care because of their insurance requirements, and you may need to undergo a background check.

**Get ready!**

“Everyday, I’m talking with people about how interim management is a career path, not just something to do between jobs,” says Stolz. This career path can bring a better quality of life. Canfield used to commute 2.5 hours every day; now she is never further than 5 minutes from her assignment. She chooses when and where she works and says, “It’s the capping off of a long and fruitful career to have the ability to go to different facilities to coach and mentor other professionals to get to the next level.”

—Cynthia Saver, RN, MS

_Cynthia Saver is a freelance writer in Columbia, Md._
Considering interim management?

Here are some questions to ask.

**Personal issues**

- Why do I want to do this? Ask yourself if you are running towards opportunity or away from a situation you don’t like.
- What are my commitments at home? If you have a sick parent or are going through a divorce, you won’t be able to give your full attention to your job. On the other hand, many times, retired spouses travel with the interim director.
- Can I be away from my home for extended periods? How often you can return home during your tenure varies. Frequent travel can take a toll on you.
- Do I like to travel? Travel can be fun, and with many companies, you can choose how many assignments you take a year.
- Am I adventuresome? “Your assignments will take you into all different cultures, communities, and walks of life,” says Ilah Stolz, RN, MS, of B. E. Smith.
- Do I like meeting other people? “You can’t be an introvert and do this,” says Stolz.
- Am I comfortable being alone? “It can be lonely,” says Paul Wafer, RN, BS, MBA, of Alpha Consulting Group. “You have to be willing to have dinner on your own or make friends in the area.” On the other hand, you may end up having friends across the country.
- Am I adaptable and flexible? “If you need structure, don’t become an interim manager,” advises Carreen Andrada, RN, MSN, CNOR.

**Professional issues**

- Am I confident in my abilities? “You need to be able to hit the ground running, so you have to be confident in your ability and be a risk taker,” says Wafer.
- Can I help people grow? “I don’t want people to be dependent on me,” says Judith Canfield, RN, MBS, MHA. “I am about giving people wings.”
- Can I let go? It’s easy to become attached to the people you work with, but you have to move on.
- Am I committed to being engaged? “You can’t just drop in,” says Larry Noriega, RN, PhD, of Spinnaker-Health Partners. “You need to work actively with the nursing staff, medical staff, and other hospital leaders.”
- Do I have the necessary experience? Most interim managers have 10 to 20 years or more experience at the director level. “If you’ve bounced around a lot in your career, that can be a red flag,” says Wafer. “On the other hand, those who have spent most of their careers at only one place don’t do as well.”
- Do I have a graduate degree? Although some experts reported openings for experienced directors with a BSN, a master’s or higher degree opens more doors. Certification as an OR nurse is important too.
- What size of OR do I like to manage? How many rooms am I comfortable with?
- Am I open to other’s ideas? Although you bring a wealth of experience, it’s important to be open to different ways of doing things, says Mickie Parsons, RN, MS, CNOR. “You don’t win friends and influence people by saying, ‘This is how we did it.’ Stand back and survey the landscape.”