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Chapter 13

Leadership in Academic Psychiatry

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Leadership begins when you believe you can make a difference.

Kouzes and Posner¹

Introduction

For academic departments of psychiatry these are both exciting and challenging times. Among the many challenges academic psychiatrists must confront are limited funding, growing competition and aging faculty, as well as keeping pace with rapid technological and scientific advances. These circumstances hold both risks and possibilities. In order to succeed and transform challenges into opportunities, academic psychiatry needs skilled leadership. While many of the same challenges are shared by leaders in other fields, the unique environment of academic psychiatry calls for a tailored approach.

The complex, multifaceted nature of academic medicine departments requires that leaders possess field-specific expertise as well as organizational and leadership knowledge.² In day-to-day operations, department chairs, deans, division chiefs and programme directors wear different hats on different occasions and must wear them well. They bridge students, faculty and administrators, oversee research and ensure quality of education, and communicate up and down the administrative ladder, as well as across different departments and organizations. They act as fund raisers, spokespersons and human resources managers. Some refer to their profession as 'beggar, psychologist, mediator, and maid, all in one',³ or 'part field general, part mediator, part visionary, and part circus barker'.⁴

The plethora of skills necessary to succeed in academic leadership may seem overwhelming, particularly for physician-scientists who are promoted to leadership positions because of their demonstrated excellence in research and scholarship, but who rarely have had the opportunity to formally receive training in management and leadership skills.⁵ Although some scientists may feel that such training is unnecessary as it emphasizes skills that some consider 'too soft' for those engaged in medical or basic science research,⁶ lack of these skills can significantly lower the probability of achieving success in the managerial roles.

In fact, the Association of American Medical Colleges (AAMC) has recently highlighted concern that the average term in office for medical school deans is under 4 years.³ A study of turnover rates for first-time chairs in academic departments of psychiatry in the United States showed that 68% of first-time chairs still remain in their position after 5 years, but only 39% are in this position at the 10-year mark.⁷ Psychiatry falls between other specialities in this respect. The lowest retention rates are observed in obstetrics and gynaecology (55% at 5 years and 21% at 10 years), and the greatest managerial stability is found in neurology (69% at 5 years and 41% at 10 years) and family medicine (70% at 5 years and 38% at 10 years).⁷

Why did leaders choose to leave their position? Although explanations may vary from case to case, many chairs reported they were unable to succeed because of too many barriers, getting burned out, and being overloaded by the complexity of their tasks.⁸

Academic psychiatrists may need to learn a set of leadership skills to successfully move on to a much broader role in a challenging academic environment. In this chapter, we begin by providing a brief description of the mission of academic medicine. We then briefly describe the transition from a physician scientist to a leader. Next, we analyse the main domains of leadership in academic psychiatry: research, clinical care and teaching (including medical education, mentoring and public outreach) as well as administration and management. We then discuss strategies to promote diversity in top-level positions in academic psychiatry. Finally, we summarize the most important skills needed to succeed as a leader in academic psychiatry.

Mission of academic medicine

Medical departments and teaching hospitals come in different shapes and sizes. Yet, the commonality of their goals makes them similar across borders, cultures and specialities. Their mission encompasses several key aspects: teaching students and training clinicians, advancing scientific knowledge, and developing novel therapeutic approaches and providing excellent care for patients in need.^{9,10} In addition to training, research and patient care, physician scientists are responsible for working with communities to improve their health outcomes, and ensuring ethical expression of their profession in everyday life^{11,12} (Figure 13.1).

From physician-researcher to leader

Many physician-scientists deal with elements of these missions on a daily basis, writing scientific papers, teaching students and managing clinical trials (see also Chapter 12). However, with the transition to a big-picture leadership position, the scope and complexity of responsibilities expand markedly. Academic leaders look beyond their own research projects, department or organization. Their goal is not only to manage an effective team within their institution, but also to contribute to the overall well-being of patients, disseminate knowledge, and develop a future generation of leaders who will vigorously serve the field.

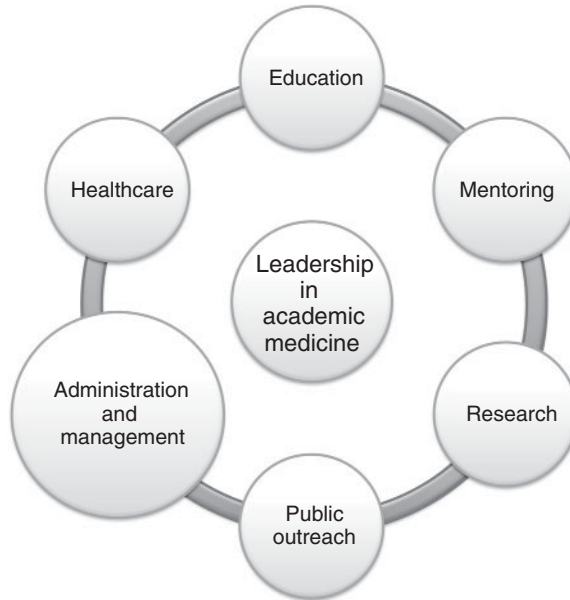


Figure 13.1 Domains of leadership in academic psychiatry

This more general role entails a whole new way of thinking. A framework adopted from Watkins aims to enumerate the changes that new leaders face.¹³ In their past role, physician scientists were typically highly specialized problem-solvers, analysts working on their individual research projects or executing specific parts of larger studies. In their field of study they were most often highly competitive solo virtuosos. In order to successfully transition to their new roles as leaders in academic psychiatry, they need to orient themselves as architects, generalists and strategists who set an agenda and communicate a clear vision. They need to be more socially oriented, more interactive and prepared to work on more complex problems. In order to succeed they often need to look beyond fierce competition, and act as diplomats both within and outside their institutions. Internally, their role is more that of an orchestra conductor, who ensures not only that each individual performer excels in his or her part, but also that the parts fit together smoothly as a whole (Figure 13.2).

The British National Health Service (NHS) has developed a Leadership Qualities Framework that is specific to healthcare systems. It defines key personal, social and cognitive qualities of leaders, organized across three broad clusters: personal qualities, setting direction and delivering service:

- Personal qualities include self-belief, self-awareness, self-management, drive for improvement and personal integrity.
- Setting direction comprises sizing the future, intellectual flexibility, broad scanning, political astuteness and drive for results.
- Delivering service means leading change through people, holding to account, empowering and influencing others effectively, and working collaboratively.¹⁴

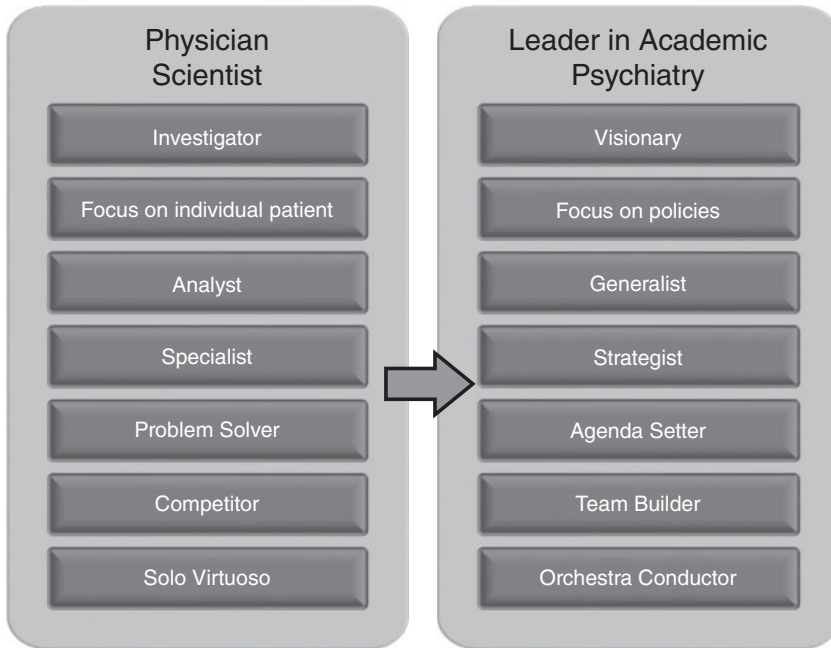


Figure 13.2 From physician-scientist to leader in academic psychiatry. Partially based on Watkins (2011)¹³

Successful leaders in academic psychiatry tend to foster these qualities while balancing the main areas of academic endeavour: research, healthcare, knowledge dissemination and administration. We will discuss each of these domains separately, although in the day-to-day work of an academic leader they are closely interconnected and interdependent worlds, and it is up to the leader to prioritize among them. We will briefly describe the main challenges associated with these domains, and discuss strategies for handling them more effectively.

Research

Great leadership starts with vision. In academic psychiatry, the vision usually revolves around advancing scientific knowledge of mental illnesses and translating the findings into better treatments that enhance patients' recovery and well-being. For example, Philippe Pinel, a French physician described as 'the father of modern, humane psychiatry', dreamed of finding medical means to alleviate the suffering of thousands of mentally ill people in the late seventeenth century. Sigmund Freud, the father of psychoanalysis, dreamed of deciphering the secrets of the human mind. Adolf Meyer, a Swiss psychiatrist who served as president of the American Psychiatric Association, was an influential advocate of the empirical approach to psychiatry during the first half of the twentieth century,

envisioning a world where understanding and treatment of mental illness are based on scientific findings.¹⁵

All leaders have the capacity to create a compelling vision, one that takes people to a new place, and the ability to translate that vision into reality.¹⁶

Leaders in academic psychiatry, who often excel in research themselves, also focus on strengthening this domain throughout their departments. This involves, but is not limited to, motivating students and faculty, ensuring adequate funding, mentoring, and overseeing the organization of studies and clinical trials. Institutional leaders are tasked with enhancing the research portfolio of multiple departments and fostering interdepartmental collaborations across the entire institution. Authors of the 'Pearls for Leaders in Academic Medicine' offer interesting strategies that leaders might use to boost the scientific output of their organization:

- Find a niche (or competitive advantage).
- Foster existing research strengths of the institution.
- Hire a renowned researcher (or a few renowned researchers), who can attract others to their department.
- Foster collaboration with researchers from different departments and institutions.
- Develop a research programme for young investigators.
- Offer attractive incentives for the most productive researchers.³

While individual scientists might choose research topics based on individual interests and passions, successful academic leaders tend to consider more pragmatic issues, evaluating the quality of research in their departments, the purpose and high-level goals of the research, and funding potential.

Scientific focus is critical to an institution's identity and often leads to its reputation, whether it is a university or a teaching hospital. High-quality, cutting-edge research attracts a talent pool of the best trainees, scientists and clinicians. Excelling in research opens access to funding – both government grants and money from private foundations; individual donors and industry. In fact, the most successful departments of academic psychiatry make significant financial contributions to the overall research programmes of their medical schools. Data from the US National Institutes of Health (NIH) for 2007 and 2008 showed that the top 10 academic departments of psychiatry brought in 7% to 21% of funding to the medical school. For instance, in 2009, the Department of Psychiatry at the University of California, San Diego School of Medicine, brought in more than 15% of the total NIH funding for the school.¹⁷

In economically challenging times, leaders of academic departments of medicine are under tremendous pressure to generate sufficient revenue to support their department missions. The competition among research institutions is fierce. Not only do they need to be faster, more effective, and more creative than their colleagues elsewhere, but also they have to keep pace with revolutionary changes in the field.

What are the attributes needed to thrive in this challenging research environment? Broad knowledge of their field, persistence and a long-term approach are crucial.³ Research is

not finished overnight. Studies or clinical trials often take years to complete. It takes many months or years of research and several revisions before a scientific paper is accepted for publication. In drug development it can take a decade or more to bring a molecule from bench to bedside.

To build a fruitful scientific career, a scientist should learn the skills that go beyond the lab bench. Particularly at the later stages of an academic career, research is rarely a solo venture. Analysis of many important research programmes shows the decisive role of human interactions and dynamics in determining the project outcomes.¹⁸ Interpersonal skills, excellent communication talents, and the ability to collaborate with other researchers are instrumental in executing a research programme, getting peer support for the grant application, and finding new colleagues to carry out the work. In addition, researchers need the ability to publicize their work both among peers and the lay audience. Visibility in conferences, prominence in societies, and media appearances can greatly contribute to a leader's success.¹⁹

Knowledge dissemination

'The subject of whole-time clinical teachers [. . .] is one of great importance, not only to Universities, but to the profession and to the public at large,' wrote Sir William Osler, founder of the first residency training programme in the United States, in a letter to the President of the Johns Hopkins University in 1912. This devoted teacher also described his habit: 'After showing the treasures of my library, it is my custom to take an intelligent bibliophile to a shelf on which stand twelve handsomely bound quarto volumes, and say: "But this is my chief treasure – the 500 contributions to the scientific medicine from the graduates of the first eight years of our medical school."' ²⁰

Much has changed in clinical education since the early twentieth century. However, its main missions remain the same. Academic leaders are in charge of transmitting values, standards, and practices of research and healthcare from one generation of physicians to the next. Lately, teaching has become a major and growing challenge. Demand for psychiatrists is climbing worldwide. According to the World Health Organization (WHO), low-income countries have 0.05 psychiatrists per 100 000 people – a rate that is 170 times less than in high-income countries.²¹ In the United States there is an estimated shortage of nearly 45 000 psychiatrists.²² In order to meet patients' needs and enable the field to thrive in the future, present leaders must be prepared to encourage new doctors to choose a career in psychiatry. Good teaching practices are crucial in achieving this goal. Studies have shown that positive early rotation experiences and taking psychiatry electives during medical school training can positively impact the decision to enter the field of mental health.²³ Thus, carefully designed teaching programmes that provide sufficient experience and background can be critical in persuading medical students to choose less popular but much-needed specialities such as psychiatry.

To put forward a compelling vision and assemble an effective teaching programme, leaders in academic psychiatry need to think of different levels and methods of disseminating knowledge: medical education, mentoring, and public outreach.

Medical education

Medical education has witnessed several major changes over the past decade. There is an increasing focus on problem-based learning, application of new technologies, and the need for students to take more responsibility for their own education.²⁴ Many studies emphasize the growing bench–bedside gap, and the need to prepare doctors-to-be to deal with constantly changing medical technologies, therapies, patient demographics and prevalent diseases.²⁵ At the same time, in many institutions there is a greater emphasis on research over teaching. Due to financial concerns, some faculty members also feel the pressure to engage more in clinical tasks. Leaders in academic psychiatry need to overcome these shortcomings and create mechanisms to ensure that students and residents gather adequate knowledge and successfully transition to independent careers.²⁶

In addition to transmitting and evaluating the required medical knowledge, the best teachers help students grow in understanding, self-awareness, moral development and the ability to relate to others. Rewarding best teachers and providing incentives to faculty for excellent teaching methods and outcomes might be essential in promoting excellence in teaching and building the department’s reputation for excellence in education. Benefits of highly rated educational programmes are evident – they help attract the brightest students to such institutions.³

In addition to acting as teachers, academic leaders are often responsible for developing an innovative curriculum, overseeing compliance with accreditation standards, and promoting active learning using innovative methods. These leaders act as managers of learning, curriculum designers, facilitators, counsellors and evaluators, changing roles according to individual and group needs.²⁷

Mentoring

Mentorship is another critical element of a teaching portfolio that must be developed by leaders in academic medicine. The word *mentor* has its origins in Homer’s *Odyssey*, in which the character Mentor was described as a ‘wise and trusted counsellor’.²⁸ A mentor in a research setting plays a variety of roles – from caring parent to friend, from counsellor to consultant, among others. Mentors provide inspiration, broaden perspective, give constructive feedback, and commit to the development of junior faculty. Good mentors tend to possess a high dose of maturity and self-confidence. The measures of a mentor’s effectiveness may include the careers of his or her protégés, some of whom will hopefully outgrow their mentor and advance to higher positions in the field.²⁹

Receiving adequate mentoring is of critical importance for younger faculty and students, often determining their ability to succeed in academia, as well as in clinical medicine (see also Chapter 10). Mentoring is also highly beneficial for mentors, even the busiest ones. Among the rewards successful mentors often list are fulfillment at witnessing the protégé’s progress, the invaluable help provided by the protégé in staying competitive in their area of research, and satisfactory relationships that often turn into life-long friendships.³⁰

Successful leaders of medical schools and graduate programmes not only catalyse the development of trainees and younger colleagues through mentoring, but also promote

quality mentorship programmes in their institutions.²⁹ Mentoring skills can and should be evaluated and enhanced.³⁰

How can leaders in academic psychiatry further foster the culture of effective mentorship in their departments? A recent study introduced a 'Conceptual Framework of Advancing Institutional Efforts to Support Research Mentorship', a tool that might be useful for institutional and/or department leaders in strengthening mentoring efforts.³¹ The proposed model focuses on five key aspects associated with mentoring in research:

- *Criteria for selecting mentors:* Mentor's proficiency and interest in the protégé's area of research; experience with the institution or programme to help protégé navigate through its culture and procedures; and mentor's personal qualities, such as flexibility, patience, support and ability to communicate.
- *Incentives for motivating faculty to serve effectively as mentors:* Awards, financial incentives, and assurance that mentoring is an important part of the departmental culture.
- *Factors that facilitate the mentor-mentee relationship:* Assigning mentors, or self-identification of mentors by mentees; development of written plans that specify goals to be achieved; and policies to ensure that mentees are not exploited due to the imbalance of power between mentors and mentees.
- *Factors that strengthen a mentee's ability to conduct research responsibly:* Ways of ensuring the integrity of mentees and their adherence to stipulated rules, policies and standards of research.
- *Factors that contribute to the professional development of both mentees and mentors:* Helping mentees in networking, publishing, grant writing, developing management skills and understanding their career options.

Leaders in academic psychiatry might find it useful to apply a similar framework to facilitate and evaluate mentorship efforts. Building on this information, leaders can track, evaluate and craft plans to strengthen mentorship efforts.

Public outreach

Disseminating knowledge is not limited to medical students, fellows and colleagues. Top leaders in academic psychiatry also ensure better understanding of mental health by other medical professionals as well as the general public.

Although societal and professional attitudes toward mental health have improved considerably in recent decades, misconceptions are still prevalent in many areas. A cursory look at some statistics might be eye-opening. For instance, even though as many as one-third of the population will suffer from psychological problems at some point in their lives, only one in five will seek treatment.³² The link between psychological well-being and general health outcomes, life satisfaction and productivity is very often overlooked. Even other physicians can forget that psychiatric problems may underlie other serious health conditions and have a large impact on morbidity and mortality. Therefore, the need for enhancing mental health literacy is evident.³³ Increasing knowledge about diagnosis, management and prevention of psychiatric disorders is an important responsibility of academic leaders.

Leaders in academic medicine should also keep in mind that good relationships with the community are beneficial in a number of ways and help promote the institution's work, trigger individual donations, and encourage the best researchers and graduate students to join the institution. In addition, public funding agencies are often interested in the broader impact of the institution's grant proposals.

In day-to-day operations public outreach requires a blend of activities, including public speaking engagements, development of public programmes for the department, interaction with media, commitment to advocacy roles, partnerships with community organizations and consultation on public policy. Outreach activities can often be coupled with fostering junior researchers' teaching and communication skills.

An outreach element that new leaders often find daunting is interacting with the media (see also Chapter 12), even though it provides opportunities to promote departments and institutions as well as one's own work. When in doubt whether to spend time on interviews, it is good to remember that reporters will tell the story with or without you. Taking the opportunity to showcase the institution's research in a local or national outlet may be highly beneficial to future interest in the institution and funding. Most academic institutions have a public relations office that will manage contacts with journalists and can even provide media training for those who do not feel comfortable in front of the camera.³

Healthcare

Clinical medicine is usually a major part of professional activities of physician scientists. Leaders in academic psychiatry, in addition to nurturing their research and educational enterprises, may be responsible for overseeing patient care, building well-organized teams of mental health professionals, setting goals for these teams, and training their members. Leaders who bridge research and clinical practice are in a unique position to translate findings into treatments as well as seeking novel remedies for serious problems observed in patients. Although both research and practice are focused on patient recovery, each of them is driven by unique considerations. Healthcare professionals are trained to obey rules and policies, follow the diagnostic criteria, act fast to save lives, avoid errors, and apply only those novel research findings that pass the meticulous process of clinical trials. Scientists tend to question the status quo, look for new solutions to problems, and invent therapies that might not be used in clinical care for many years.³⁴ Understanding and blending these approaches fuels successful academic departments of medicine.

Management and administration

It is said that leaders lead by a vision, whereas managers manage different lines of an enterprise to accomplish the vision. It is also stated that leading is like poetry, while managing uses prose.³⁵ In academic medicine, leaders have to blend poetry and prose at the same time. Their position usually entails a myriad of administration and management tasks. The most common ones include fundraising and budgeting, team-building,

hiring and terminating, manoeuvring internal politics, and creating a strategic plan for the department/institution.³⁶

Ensuring the financial stability of an academic department of psychiatry is one of the most important responsibilities of a leader, who should not only constantly monitor the available budget, but also know where and how to get additional funding. From keeping up with government grant programmes to developing relationships with the community and securing private endowments, academic leaders often play the role of fundraisers. It is worth keeping in mind that financial difficulties or challenges can bring new opportunities. Times of budget reductions, however painful, are good occasions to review what one is doing and if there is anything that should be improved.³⁷

While leaders might think that they are able to do it all, the better ones choose to delegate. This is usually possible because good leaders surround themselves with good colleagues and build excellent teams to effectively fulfil their vision and the mission.³⁸ However, team-building in academic settings might be challenging, as faculty members often tend to think of themselves as independent contractors, and the freedom to pursue individual interests is one of their top priorities. That is why many leaders in academia refer to their job as ‘herding cats’.³⁹ A ‘cultivate and coordinate’ rather than ‘command and control’ model of leadership might make for the most emotionally and intellectually rewarding relationship between leaders and their team members.^{9,40}

Strong administration and management skills might also be invaluable while developing strategic plans for departments, programmes and institutions. Such plans detail the leader’s vision for their institution and match up the vision with specific goals and resources (staff, finance, space, etc.) needed to achieve these goals. Often they also describe responsibilities of the leader and institution.⁴¹

Increasing diversity in academic medicine

‘A blank wall of social and professional antagonism faces the woman physician that forms a situation of singular and painful loneliness, leaving her without support, respect or professional counsel’, said Elizabeth Blackwell, the first woman to receive a medical degree in the United States.⁴² Although a lot has changed, more than a century later scientific institutions, teaching hospitals, and universities are still not free from stereotypes, biases and sometimes discrimination. Diversity in academic psychiatry is limited, especially in leadership positions. According to different surveys, women and underrepresented minorities are not advancing through academic ranks or entering leadership positions in academic medicine at the rate of their counterparts.⁴³ Those who are promoted to higher positions tend to be promoted less rapidly, or quickly hit the glass ceiling. For instance, women psychiatrists account for one-third of the faculty, but only 15% of full professors.^{44,45}

Increasing the diversity of leadership in terms of culture, gender, race and ethnicity has been identified as one of the goals of many prestigious professional organizations.⁴³ It is not just a matter of morality, social fairness or humanity; practical benefits of diverse leadership are numerous. Leaders of different backgrounds and with unique approaches can greatly enrich an organization. Different perspectives promote learning and broaden

scientific inquiry. In addition, a significant proportion of researchers coming from under-represented minority groups tend to focus on minority health problems, and may possess better access to subjects or patients coming from such groups.^{43,46} Other positive outcomes of diverse leadership include possibilities to improve the organization's image, obtain additional grants and attract a more diverse student, faculty and staff pool. Many studies conducted in the business environment have indicated that organizations with diverse leaderships outperform those that are more homogeneous, in areas such as productivity, effectiveness and overall job satisfaction of employees.⁴⁷

However, students from ethnic minority backgrounds are sometimes discouraged from pursuing a career in mental health research. The reasons for low retention and recruitment rates for minority physician-scientists include a lack of exposure to appropriate role models, mentors and culture of academic medicine; a dearth of suitable mentors; and a paucity of funding required for lengthy training – a barrier to choosing an academic medicine career path, especially for those coming from lower socioeconomic backgrounds.³⁰ Under-represented minority members who decide to pursue this difficult career path deal with insurmountable obstacles on their way to a leadership position.

Research in the field of business and administration has suggested key strategies for attracting and retaining leaders of both genders and different racial or ethnic backgrounds at every career stage. The most successful strategies include early identification of promising minority candidates and women; removing the barriers to professional advancement for minorities, such as paucity of funds or lack of training; implementing leadership training programmes; providing young, high-potential researchers with minor administrative and managerial opportunities to hone their leadership skills; and developing mentoring programmes for minority faculty.³⁰

The Four Capabilities Leadership Framework

How can leaders in academic medicine better understand their own values and skills and develop leadership capacity in an organization? The Four Capabilities Leadership Framework, a tool developed by Ancona *et al.*⁴⁸ to help understand and integrate the four critical components of leadership in a business setting, might be adopted in the area of academic medicine. It is applicable mainly to organizational cultures characterized by a motivational approach to people (coordinating rather than commanding) and environments in transition. This tool seeks to help leaders define the main components of their leadership enterprise and discover unique ways of creating change.

Leadership, as presented in the model, consists of four activities:

- *Sense making* – understanding the environment, context and external forces in which a leader is operating.
- *Relating* – building internal and external relationships.
- *Visioning* – developing a vision.
- *Inventing* – creating ways of working to complete the vision.

Leaders should draw on their unique values, skills, experiences, tactics and personality characteristics to carry out these activities and build trust, respect and authenticity in the organization.^{48,49}

Attributes important for success

In a study by Keith and Buckley, US and Canadian chairs of psychiatry were asked about attributes needed for them to succeed in their roles. Forty-seven percent of respondents listed interpersonal communication; 45% strategic attributes; 36% integrity and honesty; 36% altruism, tolerance and perseverance (tolerance to blame, patience, tenacity); 22% experience and core skills; and 17% motivational attributes (ability to inspire).⁵⁰ Below we provide an extended summary of core attributes that leaders in academic psychiatry may possess and cultivate.

Visionary attitude

While all leaders communicate a shared vision,⁵¹ academic leaders need especially deep-seated passions that are magnetic enough to motivate colleagues, junior faculty and trainees, as well as other stakeholders such as grant institutions and philanthropists.⁵² A compelling vision inspires employees, and brings hope to patients. Good leaders couple their vision with a crafted strategic plan that pushes the department or institution toward realizing the vision one step at a time. In today's rapidly shifting healthcare system, academic leaders in psychiatry will need to anticipate likely changes in mental health service delivery and prepare accordingly. One expected and ongoing change is the greying of the population, especially that of mentally ill older adults.⁵³

Perseverance, resilience and ability to withstand failure

A study found that 40–50% of the articles published in the top 10 psychiatry journals, ranked by impact factor, gather 30 to 50 citations within 10–15 years.⁵⁴ However, the average citation per paper in academic medicine is 0.55.⁵⁵ Academic reality is not always filled with prominent conferences, breakthrough research and international awards. Grants are rejected, hypotheses are not confirmed, studies turned down by high-quality journals of first choice, and many studies fail. Without perseverance, resilience, optimistic outlook and the ability to cope with failure, one cannot succeed in a competitive scientific milieu.⁵⁶

Intrinsic motivation and passion for mental health

Advancing science is a calling, not a money-making proposition. Intrinsic motivation is far more important than extrinsic ones. Faculty salaries generally tend to be less lucrative than those of physicians running prosperous private practices. This is true both for those in lower academic ranks and leaders. True belief in the importance of advancing medicine is crucial not only for individual success and work satisfaction, but also for leading, motivating and engaging others in what we do.⁵⁷ Yet, success in research can be highly rewarding, especially when it leads to improving the quality of life of our patients.

Cross-cultural communication skills

The world of academia is a global village. As departments of academic psychiatry become more ethnically and culturally diverse, leaders' ability to code-switch between cultures will become critical. While leaders might share the same language, goals and vision with their subordinates or colleagues from different institutions, in order to communicate effectively they should enhance their 'cultural intelligence'. People from different backgrounds might be accustomed to different styles of leadership or work relations. Understanding these nuances will help in motivating employees and preventing misunderstandings, and allow departments of academic psychiatry to work more smoothly.⁵⁸

Wisdom

Personal wisdom includes the traits of rational decision-making; emotional regulation; insight; prosocial behaviours such as compassion, empathy and altruism; decisiveness in the face of uncertainty; and tolerance of divergent value systems.^{59,60} One may argue that these traits are essential to succeed as an academic leader too. One difference is that a good leader not only represents her/himself but also the department or institution. In other words, the leader's goal would be not only to exhibit personal wisdom but also to seek to ensure that the top echelons of the department or institution demonstrate wisdom in their behaviour, the hoped-for result being an impeccably high reputation for the organization.

Conclusions

In a dynamic and highly competitive environment, successful leaders in academic psychiatry combine the skills of good physicians, scientists, educators, mentors and managers. Physician-scientists rarely receive formal training geared towards preparing them for leadership positions. In addition to excelling in abilities required for clinicians, leaders in academic psychiatry need to exhibit a blend of management and leadership skills. These skills should be cultivated and enhanced. Successful leadership in academic psychiatry can lead to a better future, not only for a single research team, department, or medical school, but also for its students, patients, communities and, eventually, the society at large.

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