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American Psychiatric Association's Leadership Fellowship Program: Short-term and Longer-term Outcomes

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Abstract

Objective This study assessed the impact of a Leadership Fellowship, sponsored by the American Psychiatric Association (APA) and APA Foundation, on the careers of psychiatry residents and examined the influence of gender and year of Fellowship completion. This 2-year program for residents offered multiple opportunities to interact with professional leaders at various levels.

Methods A retrospective online survey of alumni of the APA Leadership Fellowship, who had completed this Fellowship between 2003 and 2019, was conducted.

Results Out of the 93 psychiatrists who were sent the survey, 59 alumni responded (60.8% response rate). Most respondents had remained involved with organized psychiatry groups and 80% held leadership positions. Respondents reported high levels of satisfaction with the APA Fellowship experience, noting the importance of peer networking. Overall, male and female respondents were similar in their subsequent leadership positions and satisfaction with the survey. Similarly, Fellows who completed the Fellowship in 2003–2015 had responses about the experience that were largely similar to those in the 2016–2019 cohort that had not yet completed their residency.

Conclusion A vast majority of alumni of the APA Leadership Fellowship had become leaders in their workplace or organized psychiatry groups. The leadership-focused career development programs for psychiatry trainees are important avenues to develop a diverse cohort of future leaders in psychiatry.

Keywords Mental health · Training · Physicians · Professional societies · Organized medicine · Neuroscience · Residency

In recent times, the concept of leadership has gathered considerable momentum. Though the term “leader” may date back to the 1300s, the term leadership became popular in the late 1700s. However, scientific research on this topic did not begin until the latter part of the 20th century [1]. The Accreditation Council for Graduate Medical Education (ACGME) has recognized the need for the development of leadership capabilities in physicians during their training and also has developed a Leadership Skills Training Program for Chief Residents [2]. Physicians are required to adapt to the increasingly dynamic healthcare environment in order to thrive. There is a demand

for physicians in leadership roles who can introduce innovations and set new directions for their institutions. Physician leaders direct organizations in different areas such as finance, quality of care, patient safety, organizational behavior, and beyond. Research shows that leadership skills and management practices positively impact patient and healthcare outcomes [3–5].

Professional medical associations play an important role in advancing their respective fields by training the next generation of professionals who will lead the profession in the future [6]. Through funding and sponsoring fellowships and travel awards for resident physicians, medical associations provide experiential learning, training, and opportunities to attend organizational conferences, network with peers and leaders, serve on expert committees, and learn about the workings of organized medicine [7].

While the potential benefits from such Fellowships are clear, published empirical evidence on how these Fellowships benefit recipients and their sponsoring professional associations has

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been limited, especially in psychiatry. A 1999 paper by Roberts and colleagues examined several different honorary Fellowships sponsored through different national psychiatric associations with varied clinical, research, and academic foci [6]. This study compared and contrasted the experiences of five Fellowship programs, highlighting the importance of the awards to the respondents' subsequent career development and involvement with the respective professional organizations (American Association for Geriatric Psychiatry or AAGP, American College of Neuropsychopharmacology or ACNP, American College of Psychiatrists or ACP, American Psychiatric Association or APA, and Association for Academic Psychiatry or AAP). While the study included some Fellows from a major Professional Psychiatric Organization (APA), the exact type of Fellowship was not specified. Overall, the Fellowship recipients reported that the experiences were helpful in their future careers. Many Fellowship alumni continued to be involved with their professional organization, becoming members and leaders. The study results showed that these Fellowships were considered useful for professional development, especially with respect to access to mentors, peers and senior leaders, prestige, recognition, and an opportunity to learn more about organized medicine. Alumni rated the organizational milieu as very important, highlighting the value of a relaxed social atmosphere, encouragement of junior psychiatrists to become involved with committees, and informal group discussions. Interestingly, male and female alumni differed in their evaluation of the Fellowship experience with the women more highly valuing the conferences and learning about resources than the men.

A 2016 study by Roberts and colleagues focused on the fellows' experiences in the American College of Psychiatry Laughlin Leadership Development Program and its Psychiatry Resident-In-Training Exam Program [2]. Although the two fellowships differed in scope and composition, both were highly endorsed by alumni as having been helpful to their careers and their future involvement in organized psychiatry. Gender differences were less apparent in the PRITE Fellowship (55% men, 45% women), compared with the Laughlin Fellowship Program which had a larger proportion of male alumni (69% men, $n = 117$).

To enhance the understanding of the benefits of honorary Fellowships on leadership potential, we undertook a survey of the alumni of Leadership Fellowship organized by APA and APA Foundation in 2019–2020. Established in 1968, the Fellowship has had a variety of funders, starting out with funding from a private medical fund, followed in 2009 by pharmaceutical funding, and since 2010 fully funded by the APA Foundation itself. With the objective of developing national leaders in the field of organized psychiatry, the program offers first-year and second-year psychiatry residents several avenues to interact with national thought leaders in the field, find mentors, and enhance their leadership skills, networks,

and psychiatric experience. Every year, psychiatry training directors across the country are invited to nominate one resident each for this program. Via a rigorous selection process, the program selects up to 10 Leadership fellows annually, based on criteria such as clinical skills, leadership, involvement, research/publications, and teaching experience. Due to varied levels of funding support available in different years, the number of Fellows recruited has also varied from 0 (in 2009, 2012, and 2014) to 5 (in 2001–2005, 2008, and 2010), 6 (in 2011 and 2013), and 10 (in 2006–2007 and 2015–2017).

The selected residents receive funding to attend APA Annual Meetings and APA Fall Component Meetings, are assigned to one of the APA Councils based on their preferences and have an opportunity to apply for leadership positions such as the Fellowship representative on the APA Board and APA Joint Reference Committee (JRC). Additionally, since 2015, the Leadership Fellows were invited to an Orientation Day that offered an opportunity to network with more peer Fellows. At the Annual Meetings, the Fellows attend scientific sessions, present workshops with peers, participate in the leadership training workshop, and meet leaders in the field. By attending the Fall Component Meetings, the Fellows meet with peers from the other APA Fellowships, attend their respective Council meetings, and participate in several workshops designed to orient Fellows to the field of organized psychiatry. While serving on the assigned APA Council, the Fellows connect with leaders in that area of psychiatry and work on several scientific and policy-related projects. Additionally, the program offers several avenues to receive formal and informal mentorship from peers and leaders in the field.

To understand the perceived and actual value of this program, we conducted an online survey of the alumni of the Leadership Fellowship, who had completed it from 2003 through 2019. Though the Fellowship has been ongoing for many years, contact information for alumni who completed the Fellowship prior to 2003 was not available. We sampled a total of 17 classes that had completed the 2-year Fellowship. The first Fellowship class in the current study had participated in the program from 2001 to 2003, while the last included cohort had participated from 2017 to 2019. We sought to determine how many former Fellows were involved in academic and organized psychiatry settings, especially in leadership positions and if the Fellowship had been beneficial for the individual's career development. We explored how Fellowship experiences differed by gender and time of Fellowship completion—before vs. after 2016. In order to compare Fellows before and after they finished residency training, we chose 2016 as the cutoff point because at the time of our survey, the 2016–2019 cohort was still completing their residency training. While the leadership positions held by this 2016–2019

cohort would not be expected to match those of the earlier cohorts, we took into account their leadership positions within the residency program and organized psychiatric groups at a junior level.

Methods

We devised the survey with closed (i.e., rating-scale, dichotomous, and multiple choice) and open-ended items based on the program components. The survey was approved by the Institutional Review Board (IRB) of our institution, which granted it a consent-exempt status.

The survey asked specific questions on demographics (i.e., gender, race, ethnicity), current practice setting, membership of membership of the APA and allied organizations, and past and present leadership positions held by the participants in their workplace settings (e.g., medical director, residency director, division leader, etc.) and within an organized psychiatry group (e.g., chair of a committee/council, officer position, etc.). The survey asked about usefulness of the different components of the program (e.g., participation in APA Annual Meeting, involvement in formal and informal mentorship programs, networking with peers and leaders in the field, and opportunities to participate in writing projects for this APA's publications) at the time of the award (10 items, multiple-choice questions). The survey also included specific open-ended questions to learn how useful the program was for the participants and how it could be improved.

The participants were asked to rate different statements evaluating the impact of the program (five items, 5-point Likert scale), response options ranging from "strongly agree", "agree", "undecided," "disagree" to "strongly disagree." Higher scores reflected a higher level of agreement. Respondents were also asked to provide open-ended responses to questions about the strengths and limitations of the Fellowship and suggestions for improvement to the program.

Using an email list provided by the APA, between July and November 2019, the online survey was mailed to 97 alumni (56 female, 41 male) who completed this Fellowship from 2003 to 2019. Four surveys were not deliverable due to expired email addresses. The cover letter attached to the survey described the aim of the project and did not mention any monetary compensation for completing the survey. Up to three additional email reminders were sent to those who did not respond initially. Afterwards, a \$15 Amazon gift card was sent to each survey respondent as a token of appreciation. .

Continuous variables were summarized using means and standard deviations, and categorical variables were summarized using proportions. Open-ended responses about the program's strengths and limitations as well as suggestions for improving the program were coded independently by two

authors (EEL, TG). As part of an exploratory analysis, we investigated differences between male and female Fellows as well as between Fellows who completed the Fellowship in 2003–2015 and 2016–2019. Independent-sample *t* tests, Chi-squared tests, and Fisher's exact tests were used as appropriate. All data analyses were performed using IBM SPSS Statistics for Windows, version 26.0 (IBM Corp. Armonk, NY). Alpha value was set at .05.

Results

Of the 93 alumni who completed in this Fellowship from 2003 to 2019 and received the email, a total of 59 (62%) completed the survey. Thirty-one respondents (53%) were female (Table 1). The majority were Caucasian (70%), followed by Asian American (19%), African American (5%), and bi/multiracial (5%).

Leadership experiences

Most respondents were currently affiliated with an academic medical center (76%) and were still members of the APA (85%) and other organized psychiatry groups (85%) (Tables 2 and 3). It is possible, however, that the four alumni to whom the surveys could not be delivered due to expired email addresses were no longer members of the APA; therefore, the proportion of alumni who were still members of the APA may be 81%. Eighty percent reported holding current/past leadership positions, including within their workplace setting (78%) and within the APA (51%).

Perception of the Fellowship Experience

The respondents selected a number of Fellowship opportunities from a curated list that aided them in obtaining leadership positions. A majority of participants cited peer networking (85%), annual meeting attendance (75%), networking through APA activities (66%), and informal mentorship (64%). Other opportunities included leadership skill-building activities (44%), session proposal submissions for the APA annual meeting (39%), formal mentorship (34%), specific Fellowship-related projects (31%), and blog/newsletter article submissions (17%).

Program satisfaction was measured on a Likert scale of 1 to 5 with higher scores reflecting greater satisfaction. Overall, participants reported that serving in the Fellowship was a good experience (mean = 4.8, SD = 0.5), provided helpful career opportunities (mean = 4.5, SD = 0.8), and contributed to their future success (mean = 4.5, SD = 0.7). They also endorsed that the Fellowship helped them connect with leaders in the field across the country (mean = 4.6, SD = 0.6). A majority of the respondents stated that they would strongly recommend this

Table 1 Demographics of survey respondents by gender

	Female (<i>N</i> = 31)		Male (<i>N</i> = 28)		χ^2	<i>df</i>	<i>p</i>
	<i>N</i>	%	<i>N</i>	%			
Race					3.579	3	0.310
Caucasian	19	63%	22	79%			
Asian	6	20%	5	18%			
African American	3	10%	0	0%			
Other	2	7%	1	4%			
Region					0.030	4	1.000
Northeast	13	43%	12	43%			
West Coast	9	30%	8	29%			
South	3	10%	3	11%			
Central/Midwest	2	7%	2	7%			
Other	3	10%	3	11%			
Year of APA Fellowship Completion					0.239	1	0.625
Before 2016	18	58%	18	64%			
2016 and later	13	42%	10	36%			

Fellowship to other psychiatry residents (mean = 4.8, SD = 0.6). Three (5%) respondents declined to answer the question, “The opportunities through this fellowship contributed to my future success.” The remaining four program satisfaction questions were answered by all 59 respondents.

Reported Strengths and Limitations of the Fellowship

In the open-ended response section, the participants reported a number of common strengths and limitations. The networking opportunities were seen as a program strength by respondents: both with peers (68%) and with APA leaders (37%). Additional reported program strengths included the leadership experience and training provided (39%), mentorship (17%), collaboration (8%), and program activities (7%). Thirty-two percent of the respondents viewed a lack of alumni activities as a program limitation, and 12% felt the program could be more structured in terms of curriculum and/or mentorship. Less commonly reported limitations included a lack of

involvement within the program of experienced APA leaders (10%), limited amount of time spent with peers (5%), lack of participant accountability (5%), and too much time between meetings (5%). Eleven respondents (19%) did not provide a response to the question pertaining to program strengths, and 18 (31%) did not provide a response to program limitations.

Gender and Cohort Differences

The male and female respondents did not differ by race, region, or year of Fellowship completion. Though not statistically significant, a higher percentage of females (77% vs. 54%) reported networking through APA activities, while a higher percentage of male alums (93% vs. 77%) reported peer networking as leading to future leadership positions. Similar proportions of female Fellows were involved in academic and organized psychiatry groups as well as held past/current leadership positions at work and the APA. Other program

Table 2 Post-Fellowship professional activities by gender

	Female (<i>N</i> = 31)		Male (<i>N</i> = 28)		χ^2	<i>df</i>	<i>p</i>
	<i>N</i>	%	<i>N</i>	%			
Leadership and involvement with organized psychiatry							
Current academic affiliation	26	84%	19	68%	2.085	1	0.149
Current APA member	27	87%	23	82%	0.279	1	0.597
Current member of other organized psychiatry groups	25	81%	25	89%	0.850	1	0.357
Past/current leadership positions in your workplace setting	25	81%	21	75%	0.273	1	0.601
Past leadership positions in the APA (national or local levels)	18	58%	12	43%	1.361	1	0.243

APA professional psychiatric organization

Table 3 Program evaluation results by gender

	Female (N = 31)			Male (N = 28)			t or χ^2	df	p
	N	Mean or %	SD	N	Mean or %	SD			
Fellowship opportunities that led to leadership positions									
Attending Annual APA Meeting	26	84%		18	64%		2.976	1	0.084
Peer networking	24	77%		26	93%		2.712	1	0.100
Networking through the APA activities	24	77%		15	54%		3.734	1	0.053
Informal mentorship	19	61%		19	68%		0.277	1	0.599
Submissions for Annual Meeting scientific sessions	15	48%		8	29%		2.429	1	0.119
Leadership skill-building activities	14	45%		12	43%		0.032	1	0.859
Formal mentorship	11	36%		9	32%		0.073	1	0.787
Specific projects related to the fellowship	10	32%		8	29%		0.094	1	0.759
Submissions of articles for blogs or newsletter	5	16%		5	18%		0.031	1	0.860
Program strengths (open-ended responses)									
Networking with peers	20	65%		20	71%		0.322	1	0.570
Networking in the APA/Leaders	11	36%		11	39%		0.091	1	0.763
Experience/training in the APA/leadership roles	10	32%		13	46%		1.242	1	0.265
Mentorship	7	23%		3	11%				0.306 ^a
Collaboration	5	16%		0	0%				0.054 ^a
Program activities	3	10%		1	4%				0.614 ^a
Program limitations (open-ended responses)									
No alumni activities	11	36%		7	25%		0.322	1	0.570
None	5	16%		5	18%				1.00 ^a
Experienced APA leaders should be more involved in the program	5	16%		1	4%				0.198 ^a
Better structure for program (i.e., catering to individuals' strengths)	4	13%		3	11%				1.00 ^a
Limited time spent with peers	2	7%		1	4%				1.00 ^a
Lack of accountability for participants in the fellowship (attendance, etc.)	2	7%		1	4%				1.00 ^a
Too much time between meetings	0	0%		3	11%				0.101 ^a
Program suggestions (open-ended responses)									
More funding/resources for future endeavors	3	10%		0	0%				0.239 ^a
Incorporation of technology	0	0%		2	7%				0.221 ^a
Program satisfaction (range = 1–5, 5 being most satisfied)									
The Fellowship was a good experience for me.	31	4.8	0.6	28	4.8	0.6	–0.089	57	0.930
The Fellowship provided helpful career opportunities for me	31	4.5	0.8	27	4.4	0.8	0.358	56	0.722
The Fellowship helped me connect with leaders in the field across the country.	31	4.7	0.6	28	4.6	0.6	0.014	57	0.989
The opportunities through this fellowship contributed to my future success.	31	4.6	0.7	25	4.5	0.7	0.152	54	0.879
I would highly recommend this fellowship to other psychiatry residents.	31	4.7	0.6	28	4.8	0.5	–0.752	57	0.455
Mean total score (range = 1–5)	31	4.6	0.6	28	4.6	0.5	–0.058	57	0.954

APA professional psychiatric organization

^a Fisher's exact

strengths, limitations, and suggestions were similar between the groups. Program satisfaction ratings were also similar between male and female respondents.

The gender, race, and regional locations of the respondents were similar in the 2003–2015 and 2016–2019 Fellowship cohorts. As expected, the respondents who completed the Fellowship in 2003–2015 were significantly more likely to have held leadership positions (89%) than the younger

2016–2019 cohort (65%). The groups endorsed similar Fellowship activities as having contributed to leadership positions. The 2016–2019 cohort was somewhat more likely to report networking with peers as a program strength (83%) compared with the earlier cohort (58%). One reason for this difference could be attributed to a small change in the structure of the program which includes more networking avenues (virtual and in-person) for the participants in recent years.

The 2016–2019 cohort respondents were also somewhat more likely to view a lack of accountability of participants (13%) as a program limitation than those who had attended the Fellowship prior to 2016 (0%). In this case, the term accountability refers to the level of participation of Fellows in each Fellowship-related activities. Program satisfaction ratings were similar in the two cohorts.

Discussion

The study findings support the usefulness of the Leadership Fellowship Program. A majority of the respondents remained involved with academia, the APA, and organized psychiatry. The vast majority of respondents had leadership roles following their involvement in the Fellowship. Overall, the respondents endorsed the Fellowship experience as having been helpful to their career development. Female and male alumni reported similar experiences during and after the Fellowship. The 2003–2015 and 2016–2019 fellow cohorts rated the Fellowship similarly, though the 2016–2019 cohort was more likely to report peer networking as a strength and lack of Fellow accountability as a limitation.

The response rate of 60% in this study was slightly better than those in previously published papers on psychiatry Fellowship programs: 55% [6] and 38% [7], respectively. This could be because we focused on one specific program that included 2 years of participation and was considered prestigious and useful by the trainees. Eighty-five percent of alumni continued to be members of the APA and other organized psychiatry groups, comparable with 75% from the 2016 Roberts paper, which was based on Laughlin and PRITE Fellows supported by the American College of Psychiatrists [7].

A vast majority of our survey respondents held leadership roles following their involvement in the Leadership Fellowship, within their workplace, and/or the APA. While being chosen for the Leadership Fellowship may reflect innate skills and qualities that would cultivate future success, the respondents reported high levels of satisfaction with the Leadership Fellowship experience and felt it was helpful to their career development. Leadership can be defined broadly or narrowly. Broadly, a leadership role implies having a responsibility for larger aspects including vision, strategy, and operations. Narrowly, for future psychiatrists, it may relate to specifically defined concrete goals such as becoming the Chief Resident or chairing a departmental committee on trainees' well-being or serving as the Treasurer of the District branch of the APA. However, merely becoming a member of an organization is not considered leadership. During later years, the psychiatrist may choose to become a leader in psychiatric research (as director of a research institute), in administration (as department chair), in organized psychiatry or medicine (as CEO of a large association), or in

political field (as a congressman) or any other professionally or socially useful area. Having psychiatrists in major leadership positions can help enrich those particular fields by bringing in rational psychiatric perspective and would also help highlight the roles of psychiatry and psychiatrists in public mind, thereby also serving to reduce stigma against psychiatry and mental illnesses. Leadership involves specific training/skill sets that are typically not an inherent part of medical training. Leadership Fellowship programs are needed to shape the next generation of psychiatric leaders in order to help our field as well as the larger community structure evolve optimally and wisely.

In this study, peer networking was the most commonly cited aspect of the Fellowship that was instrumental in obtaining leadership positions within their respective professional or subspecialty organizations and the APA. Mirroring this perspective, several Fellows suggested that more interaction opportunities for alumni would help preserve and enhance engagement with peers in the program and with the APA. Connections with peers and near-peers can be invaluable and informal ways to learn from others with similar experiences and challenges [1]. Individuals tend to trust advice from peers with similar backgrounds, compared with advice from supervisors who may be more removed from the challenges of that job. Of course, input from both peers and mentors is likely to be most useful [8].

There were apparent differences between the selection of fellowship opportunities from a curated list and the open-ended responses regarding the overall strengths of the fellowship. For example, in the forced choice questions, 85% cited peer networking and 66% APA activity networking as important, but on the open response questions, only 66% listed peer networking as a strength of the Program. Similarly, 64% listed informal mentorship and 34% formal mentorship as important to their obtaining leadership positions, but only 17% listed mentorship as a strength of the Program. The curated list represents the opportunities that the APA cultivated to aid Fellows, while the open-ended responses reflect most highly regarded aspects of the program from the alumni's perspective. The number of open-ended responses was lower than the selected responses, likely because of increased effort and time required to write out the responses.

The female and male alumni had similar outcomes in terms of post-Fellowship leadership positions and involvement in academia and organized psychiatry. There was an apparent gender difference in the listing of strengths of the program in response to curated versus open-ended questions. There is a clear need for Fellowship programs like the Leadership Fellowship to focus on increasing gender diversity in the field of psychiatry at higher levels. Interventions at the residency level may be particularly relevant, due to the "leakiness" of the pipeline. While women comprise half of the trainees in psychiatric residency and Fellowship, only 14% of the chair

positions in psychiatry departments are occupied by women [2]. Opportunities to promote diversity in leadership positions are a key to creating more inclusive and equitable academic and clinical environments.

The 2003–2015 and 2016–2019 Fellow cohorts rated the Leadership Fellowship similarly, though the 2016–2019 cohort was more likely to report peer networking as a strength and lack of fellow accountability as a limitation. In general, the Fellowship Program appears to have been consistent in supporting young leaders in the field. Based on the respondents to the survey, the gender, race, and regional backgrounds were similar between the two cohorts. Most of the respondents hailed from the Northeast, which could reflect on several different factors. With rather dense general population, this region has the highest concentration of academic residency programs within the USA [9]. Residency programs with previously successful applicants may be better equipped in terms of peer and faculty mentorship and experience to guide their new residents in applying for the Fellowship. Also, in addition to widespread advertisement, word of mouth was noted to be one of the most common recruitment tools for potential applicants, resulting in greater number of applicants from previously represented programs. Further work is needed to examine these regional differences and develop methods to encourage geographically diverse pools of applicants.

The current study has several limitations to consider. The survey was returned by 60% of former Fellows, thus the views reported here may not necessarily represent all the participants. The survey relied on retrospective self-report which could be biased. Notably, there were few differences in the ratings of the Fellowship between the earlier and later Fellowship cohorts, reducing the likelihood of recall bias. There is certainly a likelihood of some positivity bias—i.e., the respondents who were proud of their achievements were happy to share their experience whereas those who did not consider themselves to have become leaders might have been less likely to respond to the survey. A causal link between Fellowship involvement and outcomes (in terms of leadership positions) could not be examined, i.e., a comparison of outcomes between Fellowship alumni and applicants who were not selected for the Fellowship was not feasible in this study. Furthermore, the psychiatry residents who were chosen for this Fellowship had been nominated by their residency programs and were selected based on their academic scholarship and leadership qualities. Thus, this select group may already possess several of the skills and abilities that would enable future success, even without the additional support of this Fellowship. While participation in the Fellowship (first and second year of residency) usually precedes selection of chief residents in the third year, other early-stage leadership positions in residency may have influenced the participants' nomination for the Fellowship.

In conclusion, participation in the Leadership Fellowship was associated with subsequent leadership positions. Career development programs for psychiatry trainees are important to cultivating future leaders in the field of Psychiatry and as such, should aim to involve as diverse a cohort of trainees as possible. Further research is warranted to understand how similar programs with a larger pool of minority applicants and Fellows (e.g., the SAMHSA Minority Fellowship) may impact the careers of their trainees. Such studies should also include control groups of applicants who were not selected, pre- and post-Fellowship assessments on rating scales like self-efficacy [10], and evaluation of the impact of specific learning techniques on outcomes [11]. Training of trainers (mentors) to help develop younger generations of physician leaders is also called for [12]. Also, there is a need to examine the sources of fellowship applications to understand why a large number of Fellows come from institutions located in the northeast part of the country and what kind of APA outreach is needed to increase participation from institutions that have not historically applied for these fellowships. Finally, it would be useful to understand the impact of training programs on broader outcomes at an organizational level and system level.

Compliance with Ethical Standards

Disclosures Dr. Jeste is a member of the Board of Directors of the American Psychiatric Association Foundation. Ms. Patel and Dr. Levin are, and Dr. Parekh was, full-time employee/s of the American Psychiatric Association. None of us has financial relationship with any pharmaceutical company.

References

1. King AS. Evolution of leadership theory. *J Decision Makers*. 1990;15(2):43–56.
2. Accreditation Council for Graduate Medical Education. Bridging the leadership gap for newly appointed chief residents. 2019; Available from: <https://www.acgme.org/Newsroom/Blog/Details/ArticleID/9764/Bridging-the-Leadership-Gap-for-Newly-Appointed-Chief-Residents>.
3. Health HTHCSOP. From physician to physician leader: developing your skills for success. 2018. p. <https://www.hsph.harvard.edu/ecpe/physician-leader-skills-success/>.
4. Sfantou D, Laliotis A, Patelarou A, Sifaki-Pistolla D, Matalliotakis M, Patelarou E. Importance of leadership style towards quality of care measures in healthcare settings: a systematic review. *Healthcare*. 2017;5(4):73.
5. Fast Company Staff. The power of peer-to-peer networks. *Fast Company*. 2005.
6. Roberts LW, Warner TD, Horwitz R, McCarty T, Roberts B. Honorary fellowship awards and professional development in psychiatry. *Acad Psychiatry*. 1999;23(4):210–21.
7. Roberts LW, Kim JP, Samuels C, Winstead D. Perceptions of the professional development value of honorary fellowship award experiences. *Acad Psychiatry*. 2016;40(5):761–7.

8. Jeste DV, Halpain MC, Trinidad GI, Reichstadt JL, Lebowitz BD. UCSD's short-term research training programs for trainees at different levels of career development. *Acad Psychiatry*. 2007;31(2): 160–7.
9. Choosing a Medical Residency: Regions of the United States. FMG Portal2019; Available from: <https://fmgportal.com/choosing-a-medical-residency-regions-of-the-united-states/>.
10. Black ML, Curran MC, Golshan S, Daly R, Depp C, Kelly C, et al. Summer research training for medical students: impact on research self-efficacy. *Clin Transl Sci*. 2013;6(6):487–9.
11. Dumbauld J, Black M, Depp CA, Daly R, Curran MA, Winegarden B, et al. Association of learning styles with research self-efficacy: study of short-term research training program for medical students. *Clin Transl Sci*. 2014;7(6):489–92.
12. Jeste DV, Twamley EW, Cardenas V, Lebowitz B, Reynolds CF. A call for training the trainers: focus on mentoring to enhance diversity in mental health research. *Am J Public Health*. 2009;99(S1): S31–S7.

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