Introduction

Career and Leadership Development: Making It Our Priority

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In many psychiatric residency programs, career and leadership development are, arguably, underemphasized. Seasoned mentors, insightfulness, proactivity, and even sheer luck are factors that contribute to residents developing their careers and leadership skills amid the demands of day-to-day training. For some residents, the future may not seem very well-defined, particularly as graduation draws near. This issue of the Residents’ Journal focuses on the importance of fostering initiatives and conditions that will increase awareness of opportunities for career and leadership development. By making career and leadership development our priority, we can better define our opportunities, our passions, and our future from the very beginning of our journey.

The following is an interview with Eliot Sorel, M.D., D.L.F.A.P.A., on “Career and Leadership Development,” conducted by Hind Benjelloun, M.D. Dr. Sorel is Professor of Global Mental Health in the School of Public Health and Health Services at the George Washington University. He is also Professor of Psychiatry in the Department of Psychiatry and Behavioral Sciences at the George Washington University School of Medicine. Dr. Sorel is Chair of the Wellstone Award Committee of the Washington Psychiatric Society and serves as Chairman of the Scientific Committee of the XX World Congress for Social Psychiatry, which will be held in Marrakech, Morocco in October 2010. He is a Fellow of the American College of Psychiatrists and a Distinguished Life Fellow of the APA. Dr. Sorel is the pioneering mind and relentless energy behind the career and leadership development initiative in the Washington, DC area. He continues to guide and mentor residents in the field of psychiatry, inform residents about the state of psychiatry (both medically and legislatively), and has groomed mentees for leadership positions within the APA and the larger medical community. Dr. Sorel is an internationally recognized medical leader, practicing psychiatric physician, and health systems policy technical advisor. Dr. Benjelloun is a fourth-year resident at Georgetown University, Chair of the APA Assembly Committee of Members-in-Training, and the Editor for this issue of the Residents’ Journal.

Dr. Benjelloun: What sparked the idea to begin a career and leadership initiative in Washington, DC?

Dr. Sorel: There are several factors that contributed to the idea of a career and leadership initiative. They involved convening our first Washington, DC PGY- I and II meeting (which included residents from George Washington, Georgetown, and Howard universities as well as St. Elizabeth’s Hospital and NIH) at the Cosmos Club in September 2005; developing our Residents Village webpage for the Washington Psychiatric Society website in 2006; asking for and receiving a grant in 2007 from APA’s Area 3 to develop such a project; and—last but not least—the interest I have nurtured over the years to contribute to the formation of our next generation of leaders in a systematic and integrative fashion that will be beneficial to our younger colleagues (members-in-training and early career psychiatrists), to our patients, to medicine, and to psychiatric medicine.

Dr. Benjelloun: What is your vision for the career and leadership initiative in Washington, DC?

Dr. Sorel: My vision for our career and leadership project—now in its second year—is to present role models and provide career and leadership opportunities for our younger
Dr. Benjelloun: What advise would you give to residents in search of a mentor?

Dr. Sorel: One of the advantages of developing a city-wide career and leadership program is that we created a broader vision of learning with regard to some of the similarities and differences among residency programs in the area, and we exposed members-in-training and early career psychiatrists to a more diverse pool of potential mentors, transcending the boundaries of their specific programs. My recommendation is that it is important to explore mentor-mentee opportunities within a residency program but not to feel limited by that boundary. A career and leadership initiative creates the opportunity for new and unanticipated mentor-mentee relationships.

Dr. Benjelloun: What words of wisdom can you share regarding career and leadership development?

Dr. Sorel: I highly recommend that our APA residents consider developing such programs nationwide. We (in Washington, DC) are at their service to help them jump-start such initiatives as soon as they are ready and have identified willing partners and necessary resources. We also envision expanding our career and leadership program into medicine, across specialties, and internationally once we have a critical mass of experience and similar programs under way.

For additional information regarding career and leadership development, contact Dr. Sorel at esorel@gmail.com (e-mail).
Dr. Benjelloun: What are your thoughts on mentors during training?

Dr. Peele: All faculty should be mentors. Whether it is a clinical, consultation, research, education, or professional activity, there is the potential for mentoring that topic. Since, depending on the resident’s major professional interest, the key mentor may narrow to one focus, such as research. Regardless of the topic, each faculty member must prioritize mentoring the trainee, and listening carefully to the resident to ascertain whether he or she is succeeding is imperative.

Mentorship is a two-way process, with both the faculty and the resident needing to challenge each other to achieve the most growth. This is where special mentorship skills become very important. The faculty member needs to know the degree of challenge that will be most useful to each resident.

This is a dynamic, highly individualized approach.

Dr. Benjelloun: What does leadership mean to you?

Dr. Peele: Desired leadership is a function of the need of the organization and may vary from moment to moment. There are times when the leader must come from above to be quick and very directive, such as in emergencies and in a war. Other times, an organization is best served by leaders who bring out the best in others. This is the desired leadership style in clinical organizations, where the objective is to produce compassionate and competent clinicians. Johns Hopkins University has been a noteworthy example of this for over a century, in part because the emphasis is directly on the clinician. One can name many well-known, advanced clinicians at Johns Hopkins, and yet few can name any of their CEOs. Finally, a quite different, yet essential, leadership skill is representing the organization to obtain the support that the organization needs from others. With this objective in mind, fine-tuned public relations and political skills are critical for this type of leadership.

An example that combines several of these themes is my mentorship of a third-year resident, Peter Novalis, who approached me about his interest in supportive psychotherapy. After some back-and-forth with him, we decided that he would spend his elective time as a fourth-year resident writing a book on supportive psychotherapy, with some assistance from me and another faculty member. He did 70% of the work on the book. It was published by American Psychiatric Publishing as The Clinical Manual of Supportive Psychotherapy. In summary, leadership requires both management skills and representation skills that must be conceptualized individually and situationally.

Dr. Benjelloun: How can residents improve their career and leadership development?

Dr. Peele: First, they need to know themselves and their passion. Faculty, trainees, clinicians, and patients can provide the reflections that enhance the residents’ sense of who they are and how they are impacting others. Some programs have resident groups to accelerate this process, but it is challenging for those groups to function at a level that is right for each resident.

Second, psychiatry is such a vast field that there is an opportunity to become authoritative in a specific topic. For example, some residents in the Washington, DC area were very curious about adjustment disorder and strongly encouraged by mentors to become the experts in this field. Despite the vast number of patients who are given that diagnosis, the PubMed literature was so slim that it was uncomplicated to gain advanced, superior knowledge in this arena. The experience of seeking out a particular topic in psychiatry in which you are the expert is invaluable, professionally and personally.

Dr. Benjelloun: What words of wisdom can you offer graduating residents?

Dr. Peele: I am wary of proclaiming that the following is wisdom, but I would suggest that graduating residents assume that the residency has provided them with skills that are very much needed. While modesty is always desirable, it still remains that there is a huge need for people with the skills of a graduating psychiatric resident in research, in training, and, especially, in patient care. With that assumption, graduates can find, often quickly, what is a good fit. The degree to which self-knowledge is achieved—mentioned in the second question supra—is the degree to which the perfect fit is easily found.

An Outline for Our Vision

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The myth that is often whispered in other medical specialties is that psychiatry is easy. However, psychiatry is anything but easy. Not only do we have to know and understand conventional medicine, but we are practicing a science that, at times, seems to branch away completely from conventional medicine.

Presently, we live in an age of intellectual overstimulation, and, chances are, we will need to develop the correct skills to stay ahead of the game in order to be successful in our careers. Developing good work habits isn’t just something we do in residency; it is a process that we must continue to develop throughout our careers. The following are some tips on being successful:

Set a Goal
One of the first steps in cultivating a successful career is to set a goal. Goals that are too broad are neither functional nor attainable. Thus, we should be able to define our goals in specific and certain terms, getting our heads in gear before engaging.

A significant goal can be achieved by breaking it down into a series of smaller steps, aligning a path to our larger aspiration. The achievement of each smaller step should be thought of as a series of “minigoals.”

Make a Plan
Once we decide what it is that we want to do, we must be realistic about how long it will take to do it. We should dream big but be practical about how the incremental objectives we establish for ourselves will ultimately lead us to the career and life that we want.

Prioritize
Making priorities is not as important as sticking to them. As painful as it can be for some, it is necessary to be honest about what is important. Priorities should be cross-referenced with how they promote goals. If an individual’s priorities do not fit with his or her goals, then he or she may be overcommitted to something that is unnecessary. The difference between making choices rather than sacrifices is established by a clear and logical set of personal priorities. Additionally, it is important to create a reasonable timeline. For some choices, the
objective may take longer than ideal. Success takes healthy planning as well as diligent work.

Establish Boundaries and Limits
A professional boundary is something that indicates a fixed extent of conduct, objectives, or qualities. Boundaries can range from interpersonal relations that are subtle interactions to expectation setting that is forthright. Understanding the mechanics of boundary setting is essential to establishing a sound playing field. Once correct expectations have been set for ourselves, we must set correct expectations with those around us. Creating effective boundaries will not alienate us from others. If we set healthy, balanced boundaries, then we can confidently engage with our coworkers without feeling that they will overutilize us.

Develop Professional Integrity
It is important that we be punctual, and if we agree to do something, we must do it well. We must be willing to work with others’ capabilities as well as with their limitations. At times, stress levels will run high, setting the stage for acting out or being less than cordial. During such times, one must resist the urge to turn a coworker or boss into a therapist—that is what friends and family are for. Another key area to stay clear from is workplace gossip. Listening to and repeating gossip may eventually tarnish one’s own integrity. Additionally, an individual might risk being misrepresented.

Practice Being Positive
Being positive doesn’t mean to rationalize or minimize the nature of bad things but rather to make the best out of bad situations. We will encounter many unsavory situations during residency. Rather than becoming angry, we must view these situations as opportunities, taking time to develop strategies of conflict resolution and negotiation. It will make us better psychiatrists and more effective role models.

Network, Network, Network
It is important to make contacts with people in multiple spheres, not just the people in one’s field. Novices go into networking with the misconception that the objective is to get something from someone else. However, the point of networking is to be a person who can provide. That may seem counterintuitive at first, but, practically speaking, one is likely to feel less awkward about approaching others if he or she first develops him or herself as someone who can offer rather than take. The goal should be to become a resource, i.e., someone who can link different people who can mutually benefit each other. One’s value is increased significantly if one becomes a resource because people are more likely to be considered and remembered for important opportunities if they are well connected and if they have helped others. The biggest and best opportunities are often obtained by word-of-mouth or personal reference, not by what is listed in a job ad. Places to start? Join charities, advocacy groups, or engage in pro bono work.

Execute With Meaning—Don’t Just Wing It
It is important that we put our best foot forward. Luck is not predictable, but hard work is.

Some people are comfortable with certain practices, but comfort should not translate into inflexibility. Mastery of a problem requires adapting to change, even if it means it will slow one down. We must accept that, whether we work in a private practice or in a hospital, there will be tasks that we will dislike and people who will rub us the wrong way. Thus, it is important to focus on solving problems rather than complaining about them. If one can’t solve a problem, then he or she should let go for the time being.

It is necessary to be decisive about choices and not to leave people hanging. If one is ambivalent about whether he or she will be able to deliver, then one should opt to stay on the side of caution and decline. Nothing hurts a reputation more than to be viewed as unreliable.

Be an intelligent giver. We mustn’t offer more than we are able to give. More importantly, we mustn’t give more of ourselves than we can afford to do. As much as we would like to impress our peers as well as those to whom we report, biting off more than one can chew can have a negative fall out. The best people with whom to work are not necessarily the ones who can do it all but the ones who let others know what they are able to do and who do their job well. Learn how to say “no” gracefully. Sometimes, an individual may even need to say this to those to whom he or she reports. The risk of not being liked is what often deters people from learning this key skill.

During residency, there are situations in which we will have to just stick it out, even when overextended. Keeping a positive attitude and reminding one’s self that residency is time-limited is helpful. In those situations, it is necessary for one to revisit his or her plan. This may require one to be adaptive and to implement temporary adjustments to set priorities.

Be Confident
We must not under sell our abilities. In some cultures, physicians feel that they must project an image of modesty and may unwittingly undervalue their talents as a result. The difference between being proud as opposed to being arrogant is how one projects oneself. If an individual believes in his or herself, then he or she should develop the courage to be comfortable with confidence.

If we discuss our limitations, it is important that we add what we intend to do to improve, establish how we will do it, and make certain that we request assistance to ensure superior work. Most importantly, one should actively seek feedback if it is not readily offered. A few quality accomplishments are far better than a multitude of average ones.

Stay Healthy
Perhaps most important, is that we remember to take care of our own health. In doing so, we should also spend quality time with our loved ones. Taking time to de stress and let go once in a while is necessary, since a healthy attitude and adaptive mindset are key ingredients to good overall health and ultimately success.

The Pole Vault: Raising the Bar
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“A leader leads by example.” — Sun Tzu

My brother encouraged me to seize any and every developmental opportunity I was afforded. Over the years, his advice lifted me above the streets of Los Angeles, supported me in an 11-year decorated military career, propelled me through undergraduate and medical school, catapulted me into leadership positions in fraternal and professional organizations, and has sustained me during my residency. Embracing my brother’s life philosophy has served me well throughout my adult life. However, lately I feel as if I am at a crossroad and a victim of being torn between satisfying my personal life goals versus exceeding expectations in my professional work, setting a new standard. The two often seem diametrically opposed, and I sometimes ask myself, “Should I do the minimum that is expected of me in my professional work so that I can focus on myself?”

I entered residency determined to seize every opportunity I was afforded. Inundated with both new opportunities and new responsibilities, I have done my best to juggle my diverse roles as a resident, taking advantage of the numerous professional opportunities presented and continuing to expand my clinical knowledge. While I have sometimes been able to keep all of the balls in the air, I have also sometimes dropped a few.
My greatest temptation has been to yield to my desire to “clear the bar.” It would be easy if I were simply a resident who comes to work, does his job, and goes home. It would be easy to go through residency without contributing anything to my program beyond my presence—to let my medical students leave early so that I can get my work done and not spend the extra time it takes to teach them. It would be easy to not apply for any professional fellowships, to not sit on any committees, to not do any research, and to not pull extra calls to help out a fellow resident. To just “clear the bar” would be easy.

But what kind of resident would I be? More importantly, what type of leader would I be? Yes, I said leader. In a survey of individual attitudes toward professionals in 22 occupations and professions, the Harris Poll (#61, August 8, 2006) noted that doctors and teachers were the most trusted. As physicians, we are in the privileged position to be leaders, both in our chosen profession and in our communities. Most people with professional degrees receive formal leadership training. In addition, leaders are traditionally born from years of hard work from the bottom up. Unfortunately, we as physicians, in a word, are not. Instead, our leadership skills are developed by watching and being challenged by our seniors, peers, and subordinates. This emphasizes the importance of our taking great care to conduct ourselves with the utmost integrity, since our actions not only affect us but impact the reputation of our profession and the future of those who follow us. We must take great strides to not simply clear the bar but to raise it.

Leadership isn’t easy; it takes a considerable amount of time and effort. Personally, there are times when I would much rather spend the 1 spare hour I have in a day playing NFL Madden 2009, but I’ve been offered and accepted the privilege and responsibility to both care for people and train others to do the same. When I was in the military, seven values of a leader (LDRSHIP) were drilled into my skull. Admittedly, I blindly bought into them at the time. However, I’m now able to reflect and believe that these values are adaptable to any profession. As a resident, I’ve tailored these values to my work and found guidance in my darkest hour—for example, at 1:00 p.m. on a postcall day when I’m tempted to sign out “follow up CT” to an individual who wouldn’t mind.

The following seven values are simple, ubiquitously applicable, and, most importantly, easy to recall, and adhering to them has helped me to realize success thus far:

Loyalty: Bear true faith and allegiance to the Hippocratic Oath, the profession, my program, and other physicians;
Duty: Fulfill my obligations;
Respect: Treat people as I would want to be treated, regardless of their status/position;
Selfless Service: Put the welfare of my patients, my profession, and my peers and subordinates before my own;
Honor and Integrity: Do what’s right, ethically, morally and legally; and
Personal Courage: Face fear, danger, or adversity (physical and/or moral).

Leadership and career are intimately intertwined. When I need a letter of recommendation to be considered for a position, appointment, or fellowship, it is my performance and my willingness to go the extra mile that will be noted. The name of my organization carries the weight it does because of the clinicians that have worked hard and gone that extra mile, accepted nothing less than perfection when it comes to patient care, chaired committees, published research, trained students, etc. We are charged with ensuring that those who follow us are afforded the same benefit.

So I sacrifice. I give up Madden and take that extra hour to train students. When I’m on postcall it’s 1:00 p.m., I don’t sign out study results. I go down to radiology and get them. I take the extra 5 minutes to explain my reasoning to nursing when they are unclear, and I spend a couple of hours during my day off writing an article or two.

As physicians, it is our responsibility to raise the bar. Complacency is deadly. We must look out for each other, pull that extra call when our friend wants to go to a concert, leave our rotations and programs better than we found them, volunteer for hospital and community committees, do research, and take the extra time out of our day to ensure that our students and colleagues are adequately trained. We must seize every opportunity. Even at 1:00 p.m. on a postcall day, we must raise the bar.

The Committee of Residents and Fellows (CORF) is a permanent standing committee of APA. The Committee is composed of seven psychiatry residents, each representing one of the seven geographic areas into which APA divides the United States and Canada. Additionally, representatives from APA’s three fellowship programs participate as active members. Each member is nominated by his/her residency training program and serves a 3-year term.

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