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Pathways to Success for Psychologists in Academic Health Centers: From Early Career to Emeritus

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Abstract

Careers in academic health centers (AHCs) come with a unique set of challenges and rewards. Building a stable and rewarding career as a psychologist in an AHC requires the efforts of a whole team of players and coaches. This paper outlines the characteristics of AHCs and the general skills psychologists need to thrive in this type of setting. Advice specific to each stage of career development (early, mid, and late) is offered, highlighting the themes of coaching and teamwork that are critical to success in an AHC.

Keywords

Academic health centers; Careers; Psychologists in medical settings

The Association of Psychologists in Academic Health Centers (APAHC) is an organization of psychologists working in academic health centers (AHCs) (i.e. allied health or medical schools, teaching hospitals and Veteran's Administration [VA] medical centers) that aims to model and define psychologists' roles in health promotion and illness prevention and the education of health care providers. APAHC is comprised of psychologists who work at the interface of the educational system and the health care system providing integrated interdisciplinary service, research and education. APAHC provides a forum for its members to identify needs and share information, organizes national conferences, mentors early career

psychologists entering AHCs, participates in special programming at the annual meeting of the American Psychological Association (APA) and is the only psychological organization that interfaces with the American Association of Medical Colleges (AAMC). APAHC believes that consultation and mentorship for aspects of professional development is crucial and has therefore developed a consultation program for its members, in which experienced APAHC members are paired with other APAHC members at all levels of career development, but especially at the early career level, to offer guidance in making career decisions. APAHC also plans to build upon the existing model of consultation for professional development by hosting an Early Career Boot Camp at an upcoming conference in March 2011 in Boston, Massachusetts.

Two recent presentations on mentoring by APAHC members form the basis of this paper. Section one is based on a presentation at the 4th annual APAHC conference held in 2009 in St. Louis, Missouri by Barbara Cubic, Ph.D., titled Launching and Nurturing an Early Career in an Academic Health Center, which outlines the characteristics of AHCs and the general skills psychologists need to thrive in these settings. Section two builds on this material based on a panel discussion of APAHC members presented on Pathways to Success for Psychologists in Academic Health Centers: From Early Career to Emeritus at the 2010 American Psychological Association (APA) conference in San Diego by Drs. Cheryl King, Alfiee M. Breland-Noble and Kathryn Sanders. This paper utilizes a baseball theme throughout to highlight the themes of coaching and teamwork, which are critical to success in an AHC. The paper begins with a brief introduction to the authors in the order of their contribution to the paper.

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The Reality of Academic Health Centers

The number of psychologists working in academic health centers is increasing rapidly. For example, estimates suggest that as few as 255 psychologists were working in medical school settings in the 1950s, 993 by the mid-1960s, 2336 in 1976, 3500 in 1994, and presently greater than 4000 (Association of American Medical Colleges [AAMC], 2010). A national trend shows psychologists are also gravitating towards employment at AHCs across various geographical areas: New England, 11.3%; Mid Atlantic, 22.0%; North Central, 16.9%; South Atlantic, 20.1%; South Central, 12.1%, Mountain, 2.5%; Pacific, 9.9% and Unspecified, 5.2% (ibid). The most recent data available about the current AHC psychology work force suggests it is somewhat diverse with recent estimates reflecting 41% are female, 6% are minorities, 97% hold Ph.D.s while 2% hold Psy.D.s, and while the average age of the AHC psychologist is 47 years the range is from 29 to 79 years (Pate & Kohut, 2004). Over 50% of those working in AHCs trained in AHCs and have stayed employed in AHCs for a minimum of 11.6 years (ibid). Most medical school psychologists (56.2%) are employed in departments of Psychiatry/Behavioral Sciences; however, the departmental distribution of

psychologists is also diverse, Pediatrics (8.7%), Neurology (7.8%), Family/Health/Community (7.1%), other medical specialties (5.1%), Rehabilitation/pain management (3.3%), Psychology (3.2%) and other (6.6%) (AAMC, 2010). Psychologists working in AHCs report considerable professional autonomy with 36% employed in departments with separate administrative units for psychology and 48% being employed in a unit with a “chief” psychologist or chairperson (Pate & Kohut, 2004).

Despite this increase in psychologists working in AHCs, those that choose this career path need to recognize that they do not have home field advantage as they are playing on the turf of other health care professionals and with members who are loyal to a different professional team (e.g. physicians, nurses, allied health care providers). Despite the challenges of working in a setting that is vastly different than the one graduate programs prepare psychologists for, when you talk with most AHC psychologists they indicate that they are generally or extremely enthusiastic about their future in an AHC. Most AHC psychologists indicate that they are likely to advise students to pursue careers in AHCs as they view it as a chance to allow psychologists to come out of the psychology “box” and transform themselves and the field into something bigger and more widespread. The opportunities are vast as AHC psychologists work with traditional mental health issues but also assist their health care colleagues in directly addressing a number of health care issues and therefore work with patients experiencing a wide range of physical health problems. AHC psychologists perform a variety of health care activities that include assessing and preparing candidates for medical and surgical procedures, pain management, interventions to control symptoms and improve coping with illnesses, interventions for behavioral risk factors and to improve adherence to medical regimens, rehabilitation services, consultations regarding patient/provider communication, neuropsychological consultation, inpatient consultation, brief and extended psychotherapy, ADHD/learning disability assessment, couples counseling, death, dying and grief counseling, genetic counseling, and assessment for child abuse. These types of activities are complemented by their roles in interdisciplinary education, research, administration, and program development.

While working in AHCs provides ample opportunities for clinical work, research, and educational activities, climbing the career ladder requires a strategic plan. First and foremost, AHC psychologists should only accept positions that allow for independent, respected and recognized privileges as a health care provider in psychology. In other words, we do not work *for* other professionals, we work *with* them. Early in your career say Yes to opportunities when feasible (pay your dues) but know when to say when. Recognize that AHCs are hierarchal and prepare to have catapulting responsibilities. Thus, it is critical to seek networking resources (e.g. institutional, APAHC) and mentoring.

To thrive, early career psychologists must recognize that mentoring is an essential part of success in the academic health center, especially for females who often view it as an essential key to the success of the increasing numbers of women entering medicine (King & Cubic, 2005). However, the gender distribution within the hierarchy of medicine has not changed in that the power still resides with men in the system as evidenced by the quote that “the progress achieved within academic medicine over the last 25 years is incomplete and inadequate. Few schools, hospitals, or professional societies have what might be considered

a “critical mass” of women leaders, and the pool of women from which to recruit academic leaders remains small. Scientific and medical careers involve considerable personal and public investment, but the potential of most women is being wasted” (Robinson & Cannon, 2005). As the proportion of women in medicine continues to grow and the unique needs of females in this environment are recognized, they will become more influential in this setting (King & Cubic, 2005).

Typical activities for AHC psychology faculty include classroom teaching, clinical supervision, patient care, consultations, supervision, research, chairing theses and dissertations, and grant writing. To complete these tasks AHC psychologists need strong generic training as a clinical psychologist to have skills in critical thinking, self reflection, clinical care delivery, scientific methods and simultaneously be prepared to be a team player with experiences in a range of health care areas. Additional core areas of knowledge include biological, social, and psychological bases of health and disease; psychological assessment; health disparities; consultation and intervention; health policy and organization; interdisciplinary collaboration; ethical, legal, and professional issues especially as they relate to health care environments; statistics and experimental design in health research; and psychopathology, diagnosis and treatment. The psychologist in the AHC must also be familiar with medical jargon, typical medical illnesses and presentations, differences in presentation and epidemiology across settings and cultures, brief, evidenced based interventions, and group interventions. Case management skills, psychopharmacology, chronic disease management, understanding of the pace and culture of medicine, quality improvement, and the importance of infusing research into clinical practice are also crucial skills when working in an AHC.

AHC psychologists also need to realize that there will be a number of attitudinal barriers to overcome personally, within the psychology profession, and with other health care providers due to misconceptions. This is nicely illustrated by a study that compared attitudes of PGY-2 Internal Medicine and Family Medicine residents, Nurse Practitioners, and behaviorists regarding teamwork. This study involved 591 participants, in 8 American AHCs, from 1997 to 1999 and showed that the perception of teams as beneficial was much lower for physicians, followed by nurse practitioners and behaviorists. Interestingly, in this study 73% of PGY-2s versus 44–47% of behaviorists and nurse practitioners in training agreed a team's primary purpose was to assist the physician. Eighty percent of PGY-2s versus 35–40% of behaviorists or nurse practitioner trainees agreed that physicians have the right to alter the team's care plans (Leipzig et al., 2002).

Another critical component of successfully working in AHCs for psychologists is understanding team structure and process. Psychologists working with interdisciplinary teams need to know their team's mission, goals, roles, norms, boundaries, and stages of team development, in addition to the forms, types and tasks of leadership. The latter includes an understanding of power and influence, management of power differentials, and creative conflict management.

It is critical that AHC psychologists recognize that physicians train according to ACGME Core Competencies (Accreditation Council for Graduate Medical Education [ACGME],

2002), which have a different emphasis than APA. These competencies include: *Medical Knowledge*, about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care; *Patient Care*, that is compassionate, appropriate, and effective in the treatment of health problems and the promotion of health; *Practice-based Learning and Improvement*, that involves investigation and evaluation of their appraisal and assimilation of scientific evidence, and improvements in patient care practices; *Systems-based Practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value; *Interpersonal and Communication Skills*, that result in effective information exchange and teaming with patients, their families, and professional associates; and *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. There are a variety of assessment measures to insure that residents meet these competencies (ACGME, 2000) and psychologists can have a strong impact on how or if these competencies are met (see Cubic and Gatewood, 2008 for more details).

In summary, psychologists have a unique contribution to make within AHCs but creativity is needed to determine specialty-specific and institutional-specific application. Psychologists are experts in the development and validation of assessment approaches, can offer institution-wide, cross-specialty assessment, especially in domains of communication and interpersonal skills, and are experts in behavioral and mental health issues. Additionally, psychologists are especially valued in AHCs because as a profession we are highly trained in an area many physicians feel poorly equipped (i.e. behavioral sciences, see Institute of Medicine, 2004, report) can easily adapt to multiple environments, are interpersonally skilled, and use empirically based treatment methods.

Advice for Creating a Career Path in AHCs

Given the increasing number of psychologists in AHCs, complexity of navigating these systems, and lack of relevant exposure and training in most graduate psychology programs, mentorship for early career psychologists is a must-have. In the next section, we continue our discussion of pathways to success in AHCs by presenting the perspectives of three AHC psychologists and the specific advice they imparted as part of a panel at the 2010 APA conference in San Diego.

Making it to First Base: How to Launch an Early Career

Stepping Up to the Plate

Leaving the protective environment of graduate school and postgraduate training and entering the arena of a busy AHC can be daunting for many early career psychologists. In your career, as in baseball, you are not going to get very far if you never enter the game. Finding mentorship, negotiating research resources, and learning your new system are key developmental tasks in this phase of career development. Following is some advice to help early career psychologists get ready to play and step up to the plate.

Finding credible and frequent mentorship is an important first step for psychologists entering any AHC. Unlike the model in most graduate school programs where you have one mentor guiding you through the program, many early career psychologists need more than one mentor to assist with different areas of professional development once you enter the workforce, if not before. For example, you might find one mentor to support and assist you in your research endeavors. You may then find another mentor to provide guidance and support as you begin the task of providing clinical supervision to other psychology trainees. In the search for mentorship, it can be helpful to begin by looking for resources at your institution. Some institutions provide a formal mentorship program for early career faculty, many of these programs offered through the Office of Academic Advancement. It can also be beneficial to look for resources outside your institution. For example, the VA system offers a mentorship program for Directors of Training. Mentors can also be found through attending meetings of professional organizations such as the APA and APAHC. Many of these professional organizations offer formal mentorship programs for early career psychologists, such as the consultation program offered by APAHC at <http://www.apa.org/divisions/div12/sections/section8/>. In addition, these types of organizations provide excellent opportunities for meeting psychologists whose work you admire or who you would like to emulate and serve as a forum for networking and establishing relationships with potential mentors. Finally, finding or forming a peer support group can be helpful in receiving support and guidance regarding career decision-making.

Another important early task is to negotiate research resources. It is common for early career psychologists to identify a more established and funded investigator at their institution and align themselves with this investigator in order to share resources and receive mentorship. Many investigators are happy to have a bright young psychologist contributing to their research program. Therefore, it is important to spend your early days at your new job meeting researchers to discuss your ideas and how they may fit with their current research program or a direction in which they would like their research to move. By partnering with a more advanced researcher, early career psychologists can more easily obtain the needed resources and support to secure their own line of independently funded research.

Finally, it is important for early career psychologists to learn about the new system in which they are working. For example, who are the key players in your department and within the departments you will frequently interface? What is the political climate in your AHC? Who is important to know? What is the relationship amongst the different departments? Getting the feel for these factors will help you in learning how you fit in with the institution's hierarchy and help you to move successfully within that framework.

Swinging the Bat

Now that you have stepped up to the plate and are ready to play, you need to do some work and prove yourself as a valuable team member. Common advice given at this point is to say Yes to everything you are asked to do. However, the danger of doing this is that you may become overextended and unable to complete tasks well or on time. Therefore, a more useful strategy is to remember that you do not have to say yes to everything, but never say no right away. It is much better to take some time to consider the commitment and whether it

will be useful and manageable. This will help you to avoid failing to meet your commitments or producing less-than-your best work. In most cases, others will respect you more for taking time to carefully consider what they are asking versus saying yes and then failing to follow through. Use mentors to help you with these decisions.

After negotiating some research time and resources and connecting yourself with other investigators, you need to use this time, be productive, and have some product to show for your hard work. This could include posters, presentations, guest lectures, or papers. One useful strategy is to turn anything you do into a paper or presentation. For example, any time you start a new program, offer a new service or training or educational opportunity, you should measure the results and disseminate it. For example, when I (K.S.) was asked to begin a new clinical program, I collected data on our patient flow, reasons for referral, and disposition of patients. I then presented this data at a VA mental health conference and am preparing a brief report describing our new service and outcomes. Building data collection and outcome measurement into your activities will naturally provide an excellent source of potential papers and poster presentations at local and national conferences.

Networking is another important piece of game play. There are many ways to connect with other professionals. One way is to join professional organizations. However do not just join, you need to get involved. Most organizations are eager for early career psychologists to participate and will happily find things for you to do to contribute to the organization. This is a wonderful way to meet psychologists who share common interests and goals and to build your professional network. Another strategy is to participate in team meetings at your institution. Most of the time, our medical colleagues have no idea how useful we can be. Therefore, look for every opportunity to speak up and offer assistance when you are meeting as a team. This assistance is not just with clinical issues; psychologists can also help with system evaluation and re-design, the design and implementation of research studies, grant writing, manuscript preparation, and training in communication skills. You can also serve on hospital committees where you will have the opportunity to be friendly with individuals from other services. This can pay off later when you will need their buy-in or support in submitting grants or trying to implement projects or trainings at your institution. Finally, recent trends in grant funding seem to suggest that reviewers prefer grants that demonstrate multidisciplinary team involvement. Therefore, it behooves you to know people outside of psychology at your institution with whom you could collaborate.

Another excellent way to both advance your career and improve your job satisfaction is to get involved with trainees from both psychology and other disciplines. They will help you complete your clinical and research projects, stimulate and refine your ideas for projects, and challenge you to stay current and interested in what you are doing.

Finally, get leadership training wherever you can find it. Some institutions provide such training through their succession planning programs. Often times this type of training is offered at meetings of professional organizations. Consulting with an executive coach is always an additional option. Leadership skills are an area in which it is easy to assume that you are competent given your background; however formal training in this area is extremely valuable. We have all been to meetings that are poorly run. Having a Ph.D. or an M.D. does

not automatically mean that you are a good manager or leader. It is good practice to get some feedback about your management skills and mentorship to help you develop this area.

Make Contact, Get A Hit!

Walks occur frequently in baseball, but are uncommon in careers. Therefore if you want to make it to first base you have to make contact and get a hit. As an early career psychologist, you must get noticed and get credit for the work you do. There are several strategies that can be useful in accomplishing this. Make yourself invaluable so people cannot imagine getting through their day without you there. If you do this successfully, when opportunities for advancement arise, others will naturally think of you. Characteristics that will help you with this include being dependable, reliable and following through on your commitments. Having an attitude that you are a team player and always willing to pitch in and help will also help you in this regard.

Increasing face time with important players is also beneficial. Have lunch with your chief and other service chiefs if you can. You will learn important information about what is going on in your department and at your institution, and your chiefs will get to know you in the meantime. Take a leadership role in committee work and team meetings. Be on time. Not only do you avoid being known as the person who is always late, but if you are on time and no one else is (a common occurrence in medical settings), this gives you extra face time with whoever is running the meeting.

Strive for excellence. Provide effective, evidence-based patient services. Obtain positive evaluations from students and trainees. Be successful in presenting the results of your research at professional meetings and in peer-reviewed journals. Through all of this, be busy, but not hassled. No one wants to interact with someone who always complains or seems harried. Even if you are stressed, try not to let it show, but use your social support and mentors to vent in private.

Guidance from the Dugout—Your Friends are Cheering You On!

Here are some final words of wisdom to keep you off the disabled list and in the game. First, stay organized so you don't strike out! Use whatever system works for you: Google or Outlook calendar, a PDA or your Smartphone, paper calendar, messenger pigeons; whatever will help you stay on track. Next, be strategic but do not over plan in your career goals. It is good to know the general direction you are headed, but do not over-rely on the road map. Allow for spontaneity and opportunity in your career or you may miss something unique and rewarding.

Strive for some fun and balance in your life. You need to have things other than your career that define you and enrich you and keep you from burning out. Use your social support, at work and at home. Finally, be values-driven and authentic. It is inevitable that you will be placed in an uncomfortable position and have to make a difficult choice between your values and displeasing someone else. If you are consistent and genuine, people will trust you and will enjoy working with you, even when tough decisions are made.

Following these simple tips can help early career psychologists establish themselves as valuable team players. If you are not seen as part of the team, you will not be asked to play and it will be difficult to achieve stability and security in your career. Above all, enjoy the game and feel confident that there are many who will be willing to coach you along the way.

Rounding the Bases: Maintaining Stamina During Mid Career

Making the transition from early to mid career as an AHC psychologist can be both a rewarding and challenging task. To illustrate this idea, we will share three tools that you can use to support your transition to mid-career professional. These will be referred to as the three “S”s, *Self-Assurance*, *Support*, and *Stamina*.

Self-Assurance

The concept of self-assurance has been described as “self-confidence, freedom from doubt and belief in one's abilities”(Princeton University, 2010). As psychologists, we are well-aware of what the concept means and how it operates in the lives of our clients/patients.

There are however, multiple ways in which this concept must operate in the life of a mid-career AHC psychologist. Self-assurance as an AHC psychologist requires a clear and accurate accounting of one's unique skill set, a willingness to acknowledge and address any areas in need of improvement and the courage to develop and test innovative ideas within a collaborative framework. Self-assessment is a key component necessary for developing and maintaining assurance in one's professional skills and talents. Regular updates to one's CV and the diligent development and refinement of short term and long term specific goals are two very useful ways of supporting self-assessment. In this way, the AHC psychologist can regularly evaluate her/his areas of strength and areas in need of improvement. Cole, Goodrich and Gritz (2009) describes the process of self-assessment using the SMARTER mnemonic. In other words, he indicates that goals for faculty in academic medicine (including AHC psychologists) should be, “specific, measurable, achievable, relevant, time-bound, equitable (in terms of benefit to the individual and institution), and respectful of the individual's personal life and commitments”(Cole et al., 2009, p. 77).

A perfect time for self-appraisal is the annual departmental review. Many academic medical departments conduct such reviews as these formal review processes have gained popularity in recent years (Cole et al., 2009). The annual review can serve as a conduit for mid-career faculty to evaluate their progress against the backdrop of peers and colleagues both within and external to their home institutions. The annual review can serve as an opportunity to elucidate your professional strengths as well as the areas where you can benefit from collegial support.

Support

Self-assessment as a means of securing self-assurance is a perfect segue into the 2nd S, Support. Following our baseball metaphor, it is important to both “aim for the high fence” and “cover all the bases” as it relates to establishing and maintaining relationships with mentors. Generally speaking, a diverse network of multiple mentors is crucial to one's mid-career success. As an example, the earlier statistics presented regarding the limited cultural

diversity of psychologists in AHCs are supported by recent research describing racial, cultural and gender diversity in AHCs (Price et al., 2009). While the number of psychologists in AHCs has grown exponentially, diversity within these ranks remains limited. Therefore it is highly likely that for many psychologists of color, mentors may be of different racial or cultural groups from their own. One benefit of diversity in the mentoring cohort is the great opportunity for creative and innovative support arising from diverse professional and personal experiences. As an example, Dr. Breland-Noble highlights the relationship between a mid-career peer and his mentor. The peer happens to be a majority culture AHC psychologist in a department of psychiatry with interests in mood disorders in youth, while his mentor is a psychiatrist of color with interests in the interface between mental illness and resilience among diverse youth and families. These two professionals have published together, consulted on research and shared important career advice (mentor to mentee). Similarly, Dr. Breland-Noble (an African American woman in a department of psychiatry) mentors junior faculty of diverse racial, cultural and professional backgrounds in many different departments of her AHC. While the examples provided reflect the racially and culturally diverse mentoring relationships existent in some AHCs, it is important to note that professional discipline, gender, sexual orientation and socioeconomic status also reflect points of diversity that enhance the AHC experience. It therefore seems important for AHC psychologists to capitalize on the diversity of their own AHCs to support a positive career trajectory.

While mid-career psychologists have wonderful opportunities to mentor junior faculty, it is critical that they themselves maintain a network of diverse mentors for support. Opportunities for collaboration on grants, large research teams, clinical teams and opportunities for entry and advancement in administrative positions often originate in the interpersonal exchanges that occur within a network of professionals. Overall, it is the effective utilization of the network of peers that provides one with the necessary support to “round the bases”.

Stamina

Finally, it is important to address the third “S”, Stamina. Stamina is related to one's ability to manage the multiple and diverse demands existent in AHCs while avoiding the burnout phenomenon that is reportedly increasing at an alarming rate among faculty in academic medicine (Boccher-Lattimore, 2009). As indicated earlier, psychologists in AHCs are increasingly asked to serve in administrative functions, work on clinical care teams, conduct research, teach and serve the community at large. One outgrowth of shrinking hospital budgets and more demand for clinical care is the increasing desire within many AHCs for psychologists to support themselves via funded research. Given the time consuming nature of grant writing, (which sometimes includes long waiting periods before receiving notification of success) it is imperative for mid-career AHC psychologists to fully understand exactly how the multiple demands they face fit with departmental requirements for professional effort. Balance is key in this arena as it is a necessary component of an AHC psychologist's ability to grow professionally and remain productive in an AHC. Two excellent tips for securing a manageable schedule include learning to say “yes” to oneself and career and learning the “art of delegation”. These skills and others (e.g. time

management, conflict resolution and effective communication) can often be acquired via formal training programs developed by AHCs to educate professionals in the art of self-care. To the extent that a mid-career AHC psychologist understands her/his needs and avails her/himself of the institutional supports available, an AHC psychologist can create a balanced work environment that limits stress and supports longevity (i.e. stamina).

In summary, self-assurance (i.e. belief in oneself and one's abilities); support (i.e. relationships and collaboration) and stamina (a willingness to “hang in there” even when confronted with competing demands) are key components of maintaining and growing during mid-career in an AHC. Every AHC psychologist is ultimately responsible for keeping primary watch over her/his own career, network and physical being. You must maintain a strong and diverse network of colleagues to provide guidance on professional transitions, answer questions about your chosen career path and provide tangible support (e.g. via collaborations on grants, publications, nominating one for professional leadership positions, etc.) for your professional development. The three “S”s can be a key component of your ability to successfully “find the ball”, round the bases and head toward home plate.

Home Run: Thriving Throughout Your Career

As a mid-career psychologist, you have “arrived,” having achieved many important career milestones. These include promotion; several upward salary adjustments; and, perhaps most importantly, a number of recognized professional accomplishments. It is likely that you have “hit your stride” with classroom and clinical teaching responsibilities, developed or led one or more clinical or training programs, and perhaps achieved success in launching an externally funded research program. It is also likely that a scientific journal and one or more regional or national professional organizations have tapped you for service. Without question, you have developed and applied, to some degree, the three skills of self-assurance, support, and stamina described above.

Now, as you approach 3rd base, round 3rd base, and move toward home plate, you face a multitude of new and ever expanding professional options and opportunities. In this section, we describe the full range of these expanded opportunities as well as the importance of facilitating the careers of others and providing service to your discipline and specialty area. We also address the new challenges that arise during this phase of our careers. Because we cannot simply expand our professional activities in parallel with the expansion of professional opportunities, we face two common challenges: (1) Dealing with the mid-late career transition overload; and (2) Finding our place on the continuum from intense professional focus to a “wearer of many professional hats.”

Choosing and Enjoying New Professional Opportunities

Most of us thrive on a certain degree of change—such as the change inherent in new professional opportunities—across the course of our careers. Whether it is a new administrative role such as director of psychology training or director of an educational program, assignment to a new clinical service, an opportunity to collaborate with a new research partner, or an invitation to serve as a consulting editor for a journal, such change is often associated with a positive career trajectory. The new activities may energize us

personally, challenge us to expand our skill sets, and enable us to further develop our networks of colleagues and collaborators. Many times, these changes are also important to academic promotions and salary increases.

Departmental Level Opportunities—Let's examine some of the professional opportunities that may arise during this career phase. We'll begin at the departmental level and consider both major roles with significant time commitments and committee assignments with variable time commitments. Major roles may include serving as director of a training or educational program, director of a clinical program, director of a major research program, chief psychologist, associate chair, or chairperson. Departmental assignments (or invitations) may be to committees that involve multi-year terms such as an appointments and promotions committee, an ethics review committee, an educational council, a research advisory committee, a quality assurance/clinical competencies committee, a training program committee, or a chair's advisory committee. They also may be to time-limited committees such as faculty search committees. The later career psychologist may have already served on several of these committees and may be given an opportunity to indicate particular preferences. Whether or not this is the case and regardless of career phase, strategic decision-making and negotiation regarding “credit” in terms of time and release from other duties is important.

Academic Health Center School and University Level Opportunities—During this career phase, many professional opportunities often open up at the AHC and university levels. In terms of major new administrative roles, these opportunities might include serving as Dean, Associate or Assistant Dean, Chair of an Institutional Review Board (IRB) committee, or Chair of an Ethics or Clinical Quality Assurance Committee. Committee assignments may vary from the IRB committee to a school- or center-wide appointments and promotions committee, or membership on the executive committee. At the university level, elected positions are available in faculty governance and most universities have faculty advisory committees for the broad range of university activities. These may focus on research regulatory affairs, tenure and promotion, athletics, development, or student affairs. Again, although these opportunities fall “outside” the traditional departmental boundaries, it is important to discuss with the departmental chairperson the relative value of the assignment to one's career and to the home department. In addition to tangible “credit” in terms of release time and possibly a promotion or salary increase, this assures a collaborative approach to making choices about the psychologist's distribution of effort.

Broader Discipline and Scientific Community Opportunities—The academic endeavors of psychologists rely on a community of professionals who provide service. Some of these, such as serving as Editor of a major scientific journal, are provided in the context of paid, part-time positions. Others, such as serving on federal or private grant review committees, provide psychologists with travel expenses and modest stipends for their time. However, most of these types of activities involve substantial time and effort with only limited reimbursement of effort for the actual time involved. The examples are numerous. They include serving on editorial boards for journals, serving on grant review committees and study sections, providing informal reviews of draft book chapters, serving as an officer

or committee member for a national organization, and serving as program chair of a regional or national conference. The number of opportunities is perhaps staggering. There are national organizations for our discipline, our professional home within the discipline (e.g. APAHC), and our specialty clinical and research areas. Furthermore, each of these has multiple governing committees or offices, websites or newsletters, and task forces. In addition, there are opportunities to get involved with public policy and advocacy work related to our areas of interest.

Involvement in these types of activities enhances our profession. Furthermore, these types of professional activities are associated with a stronger professional network and increased visibility in the field. They also enable you to serve as a role model for “giving back” for early career professionals.

Facilitating the Careers of Others

As we round 3rd base and head toward home plate, we have, hopefully, met many of our own personal career goals. Yes, we may still be striving to “hit it out of the park” or to reach new goals, but we already have a stable, productive career and an understanding of how careers in psychology can develop and thrive in the AHC setting. This stability and assurance positions us extremely well to facilitate the careers of others and there are many opportunities available to do so.

At our home institution, we usually have opportunities to mentor doctoral students, psychology interns, postdoctoral fellows, medical students and medical residents, and/or early career faculty. We can provide these individuals with regularly scheduled and informal career mentorship related to strategic planning, interdisciplinary teamwork, and clear communication and negotiation. As part of this, we can serve as a “sounding board” for the careful “thinking through” of opportunities and choices. We can also provide our students and junior colleagues with more focused mentorship regarding career opportunities in a particular clinical area or a specialized field of research investigation. As examples, we may help early career professionals plan or participate in symposia at national scientific conferences, introduce early career professionals to luminaries in their particular areas of interest, or invite early career professionals to serve on important national committees or editorial boards.

We also have important opportunities to mentor others at the national level. The Mentorship and Consultation Program of the APAHC is one such example. This program matches early career students and professionals with more senior psychologists who have the needed expertise to be helpful to them. Similarly, we frequently have early career professionals in each of our specialty areas who are eager for opportunities to participate in national organization workgroups, be elected to board and committee positions, and participate in conference symposia.

Some academic departments value and reward these mentorship activities. Moreover, mentorship is often a “win-win” as the early career professionals we mentor become part of our larger network of collaborators and colleagues. Nevertheless, the benefits of mentorship are largely subjective. They are associated with the personal satisfaction that is embodied in

a sense of generativity and by the knowledge that much of our overall professional impact will occur via those we have trained over the course of our careers.

Professional Challenges

Limited Opportunities for Tenure—It is important for mid to senior career psychologists to prepare for the fact that tenure in U.S. medical schools is becoming less feasible (Bunton & Mallon, 2007) with estimates that only approximately half of new Ph.D. hires in medical schools obtain a position that could lead to tenure. This is especially pertinent for psychologists who are in clinical departments at institutions where there is an inequity (i.e. tenure is only offered to faculty in basic science departments) (Schweitzer & Eells, 2008) and relevant to the productivity of psychologists in terms of publications and obtaining of grants (Bland, Center, Fins-tad, Risbey, & Staples, 2006). If tenure is not available at your university or in your faculty career track, strategic planning with your mentor(s) and careful negotiation with departmental leadership is essential concerning: (1) where you can have the most impact (e.g. leadership of a clinical program, collaboration with another department, responsibility for major seminar series), (2) support for protected academic and research time, and (3) support for engagement in mentorship and service activities. The key is to collaborate in maximizing both your contributions to the department and your career satisfaction.

Mid-late Career Overload—If you approach 3rd base with a solid and thriving career trajectory, the possibility of career overload may be one of the biggest threats to your continued professional and personal well-being. Many professionals at this career stage will report that they are “spread too thinly” or “overextended.” This is the phenomenon of “Mid-Late Career Overload.” That is, there is a point in our careers when each new professional opportunity is perceived as a perk and a sign of advancement. Initially, many of us seize these opportunities, making room in our already busy schedules. At some point, however, the balance shifts and we realize that we have had the good fortune to be presented with far more professional opportunities than professional time.

This is the turning point, when you have the luxury of choice and shift to sorting through options very carefully. Fortunately, this occurs at a time in your career when you are likely aware of which options will enable you to make the most substantial contributions and which options will be associated with the most personal reward.

Intense Focus Versus Professional Breadth—Psychologists in AHCs fulfill a wide range of roles and have many different preferred career trajectories. Some are hired for primarily clinical service activities whereas others are hired solely for research activities and may even be partially or fully funded by research grants. Some psychologists are in faculty positions that emphasize clinical service and teaching or even the “triple threat” of clinical service, teaching, and research. Is your professional goal to develop the largest and most effective and highly regarded clinical program in the region for a particular health concern? Is it to become an eminent scientist in your area? These goals may be facilitated by an intense focus in your chosen domain. Although you may choose to provide substantial mentorship in this domain, you may also choose to engage in fewer service activities. Others

are particularly interested in the variety of roles that the field of psychology offers and may choose a less intensive focus in any one domain.

Thriving throughout your career entails the ongoing process of developing your professional identity and skills, taking advantage of new opportunities and challenges, and making choices that lead to personal and professional fulfillment. What do you want to be doing—what do you want to have done—when you reach home plate? What is a home run for you?

Summary and Conclusions

Careers in academic health centers come with a unique set of challenges and rewards. This is an area of professional psychology that continues to grow and develop. Working in an AHC provides special opportunities to serve as a strong ambassador for psychology within a unique healthcare setting and serve as an advocate for psychology and what psychologists can offer their institution, colleagues, and community. Building a stable and rewarding career as a psychologist in an AHC requires the efforts of a whole team of players and coaches. Just as receiving mentorship is crucial throughout our careers, mentoring the next generation of psychologists is an equally important and rewarding aspect of working in an AHC. Similarly, it is important to support professional organizations that sustain the work we do. These groups provide us with forums to discuss and share our experiences, develop networks of professionals that support and encourage us, advocate for the work we do, and give us a voice within various local, state, regional, and national organizations.

Organizations such as the Association of Psychologists in Academic Health Centers provide special opportunities and resources for psychologists, such as their early career mentorship program and the upcoming Early Career Boot Camp. Getting involved in an organization such as APAHC can provide some of the mentorship we need, introduce us to colleagues who are engaged in similar activities and share similar passions, share information relevant in AHCs, and serve as an advocacy group for our common needs and goals.

No matter where you are in your career, we hope that you found some useful guidance here. You have the tools you need...now play ball!

References

- Accreditation Council for Graduate Medical Education. [Retrieved October 26, 2010] The Outcome Project: General competencies. 2002. from <http://www.acgme.org/outcome/comp/compHome.asp>
- Accreditation Council for Graduate Medical Education. American Board of Medical Specialties. Toolbox of assessment methods: A product of the joint initiative of the ACGME Outcome Project of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS), version 1.1. Chicago: Accreditation Council for Graduate Medical Education and American Board of Medical Specialties; 2000.
- Association of American Medical Colleges; Member directory for faculty roster. from <https://www.aamc.org/data/facultyroster/> (password required) [Retrieved October 26, 2010]
- Bland CJ, Center BA, Finstad DA, Risbey KR, Staples J. The impact of appointment type on the productivity and commitment of full-time faculty in research and doctoral institutions. *Journal of Higher Education*. 2006; 77:89–123.

- Boccher-Lattimore, D. Epidemiology. In: Cole, TR, Goodrich, TJ., Gritz, ER., editors. Faculty health in academic medicine: Physicians, scientists, and the pressures of success. Totowa, NJ: Humana Press; 2009.
- Bunton SAP, Mallon WTE. The continued evolution of faculty appointment and tenure policies at U.S. medical schools. *Academic Medicine*. 2007; 82:281–289. [PubMed: 17327718]
- Cole, TR, Goodrich, TJ., Gritz, ER., editors. Faculty health in academic medicine: Physicians, scientists, and the pressures of success. Totowa: Humana Press; 2009.
- Cubic BA, Gatewood E. Roles for AHC psychologists in assisting physicians in meeting ACGME core competencies. *Journal of Clinical Psychology in Medical Settings*. 2008; 15:28–39. [PubMed: 19104951]
- Institute of Medicine. Improving medical education: Enhancing the behavioral and social science content of medical school curricula. Washington, DC: National Academy Press; 2004.
- King CA, Cubic BA. Women psychologists within academic health systems: Mentorship and career advancement. *Journal of Clinical Psychology in Medical Settings*. 2005; 12:271–281.
- Leipzig RM, Hyer K, Ek K, Wallenstein S, Vezina ML, Fairchild S, et al. Attitudes towards working on interdisciplinary healthcare teams: A comparison by discipline. *Journal of the American Geriatrics Society*. 2002; 50:1141–1148. [PubMed: 12110079]
- Pate, WE., Kohut, J. [Retrieved October 26, 2010] Report of the 2003 Medical School/Academic Medical Center Psychologists Employment survey. APA Center for Workforce Studies. 2003. at <http://www.apa.org/workforce/publications/03-amsp/index.aspx>
- Price EG, Powe NR, Kern DE, Golden SH, Wand GS, Cooper LA. Improving the diversity climate in academic medicine: Faculty perceptions as a catalyst for institutional change. *Academic Medicine*. 2009; 84:95–105. [PubMed: 19116484]
- Princeton University (Ed.). WordNet. Princeton: Princeton University; 2010.
- Robinson JD, Cannon DL. Mentoring in the academic medical setting: The gender gap. *Journal of Clinical Psychology in Medical Settings*. 2005; 12:265–270.
- Schweitzer L, Eels TD. The forgotten faculty: Challenges for Ph.D.s in clinical medical school departments. *Journal of Clinical Psychology in Medical Settings*. 2008; 15:7–11. [PubMed: 19104948]