Leadership of United States Academic Departments of Ophthalmology: Chairperson Characteristics, Accomplishments, and Personal Insights

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• PURPOSE: To report on the characteristics, accomplishments, and past experiences of current academic ophthalmology department chairs.
• DESIGN: Cross-sectional study.
• METHODS: SETTING: A confidential online survey. STUDY POPULATION: Total of 111 chairs of US academic ophthalmology departments. MAIN OUTCOME MEASURES: Chairs' general characteristics, training/former positions held, academic accomplishments, previous organization/committee involvement, motivation/insight, and overall work satisfaction.
• RESULTS: Fifty-five chair responses were received (96% male, mean age 57 years, mean term 7 years). The majority were American medical graduates (93%), full professors of ophthalmology (93%), and permanent chairs (96%). All completed their residency in the US and 96% completed a fellowship (25% vitreoretinal surgery, 22% cornea and external disease, and 20% glaucoma). On average, chairs authored 98 peer-reviewed articles, 2 books, and 11 book chapters. They were also significantly involved in peer-reviewed journal literature, serving as editors (20%), associate editors (18%), or editorial board members (60%). The majority of chairs indicated they decided to seek their position late in their career, having already become a full (33%) or associate professor (26%), primarily owing to a desire to build and promote an academic ophthalmology department (61%). Chairs regarded their experience as head of service as most important for their current performance as department heads. Their principal advice to aspiring ophthalmology chairs was to focus on developing skills as a clinician, researcher, and educator ("triple threat").
• CONCLUSIONS: Overall, academic department chairs are accomplished leaders in ophthalmology and prolific authors with an established academic record. Chairs regarded their previous leadership roles within the department as invaluable to their effectiveness as chair. (Am J Ophthalmol 2018;186:69–76. © 2017 Elsevier Inc. All rights reserved.)

IN MANY MEDICAL FIELDS, INCLUDING OPHTHALMOLOGY, becoming chair of an academic department is reflective of high individual achievement and professional recognition within an institution, department, or medical school. Previous studies of ophthalmology chairpersons have characterized chair tenure, turnover rate, burnout, retirement plans, and gender discrimination.[1–4] No study, however, has discussed ophthalmology chairs' past experiences, trajectories prior to becoming a chairperson, or insights for ophthalmologists also aiming to join the ranks of leadership.

In 2007, Mets and associates surveyed anesthesiology chairs in order to provide characteristics and advice for aspiring anesthesiology trainees.[5] Following the example of their publication, we sent a similar survey to ophthalmology chairs in order to outline the perceived academic prerequisites of current chairpersons and better equip ophthalmologists pursuing a future chair position or other leadership tracks. The study focuses on combining the diverse facets of ophthalmology leadership into 1 cohesive article, conveying not only current chairpersons' past experiences, but also their advice to ophthalmologists with leadership aspirations.

METHODS

AN INTRODUCTION LETTER CONTAINING A HYPERLINK TO an electronic survey (www.surveymonkey.com) was sent in April 2016 to 111 chairs of United States ophthalmology departments. The mailing list was developed by reviewing the 2014–2015 Directory of Association of University Professors of Ophthalmology programs, which contains information on academic ophthalmology departments within

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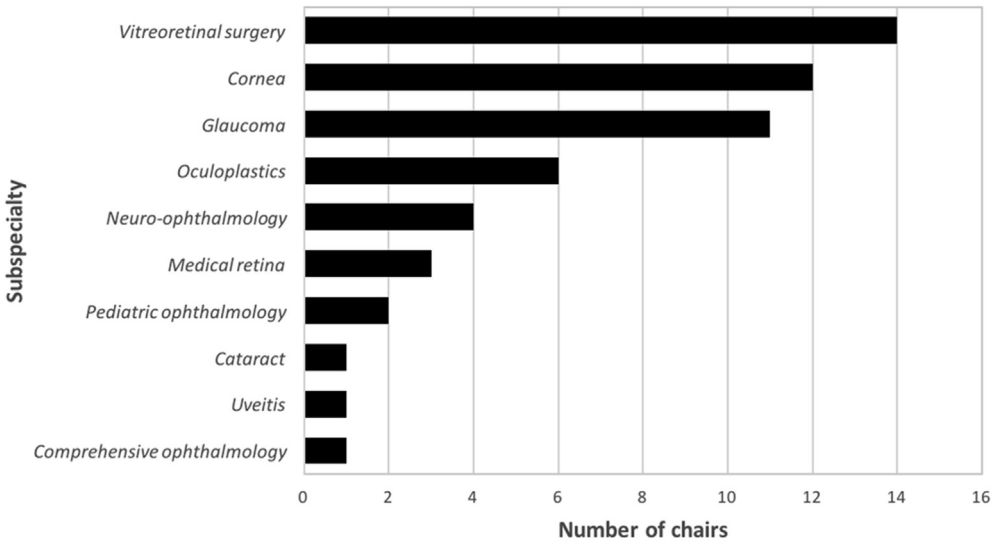

FIGURE 1. Primary subspecialty of ophthalmology chairs (n = 55).

the United States and Canada. The e-mail addresses of chairpersons were also obtained from faculty contact information available on institutional websites and the American Academy of Ophthalmology's directory of members. E-mails were also sent to chairs based on their prior designation as a corresponding author on publications. After the initial survey was sent, 2 follow-up reminders requesting participation were sent after 2 and 4 weeks. The survey design itself was based on a previous survey of Anesthesiology chairs,[5] which was modified with permission to contain a total of 14 open-ended and 20 multiple-choice questions (Supplemental Appendix; Supplemental Material available at AJO.com). Each question assessed the chairperson's background in 1 of 6 areas: general characteristics, training/former positions held, academic accomplishments, previous organization/committee involvement, general motivation/insight, and overall work satisfaction. Survey participation was voluntary, and all responses were collected anonymously. This study was approved by the institutional review board of Henry Ford Hospital and all data collected were stored in compliance with the Health Insurance Portability and Accountability Act.

Statistical analysis was performed using Prism 7 statistical software (GraphPad Software Inc, San Diego, California, USA). Because chairs were allowed to skip any questions they did not wish to answer, descriptive statistics were used to summarize the data based on the total number of responses received for each question. Select individual responses to the open-ended questions are also provided. All statistical inference testing was 2-tailed at an alpha level of 5%. Analysis of counts of categorical variables was performed using Fisher exact test, and analysis of rank-ordered scores was performed using Kruskal-Wallis test followed by the Dunnett multiple comparison test.

RESULTS

• **DEMOGRAPHICS:** Fifty-five chairperson responses were received, for an overall response rate of 50%. The mean age of respondents was 57 years (range 43–73 years). The mean age at the time of appointment was 50 years (range, 39–63 years). Sixty-one percent (34/55) had been a chairperson for at least 5 years, with a mean term of 7 years. Ninety-six percent (53/55) were permanent chairs and 4% (2/55) were interim chairs. The most represented subspecialty among chairpersons was vitreoretinal surgery (25%, 14/55), followed by cornea and external disease (22%, 12/55) and glaucoma (20%, 11/55, Figure 1). Ninety-six percent (53/55) of all respondents were men and 4% (2/55) were women, with male chairs having a higher response rate (53%, 53/100) than their female counterparts (18%, 2/11, $P = .052$, Fisher exact test).

• **EDUCATION, TRAINING, AND PREVIOUS CAREER POSITIONS:** Ninety-three percent (51/55) of chairs were American medical graduates, including 1 individual who graduated from both an American and an international medical school, while 7% (4/55) were international medical graduates. All chairs had obtained a medical doctorate degree from an allopathic medical school, and 9% (5/55) had also obtained a Doctor of Philosophy degree (PhD). Twenty-four percent (13/55) had a master's degree: 31% (4/13) an MBA, 23% (3/13) an MS, 23% (3/13) an MPH, and 23% an "other" type of master's degree. All chairs had completed their ophthalmology residency in the United States (US), including 1 chair who was trained both in the US and internationally, and 96% (53/55) were fellowship-trained. Fifty-one percent (28/55) completed a clinical fellowship, while 45% (25/55) completed both a clinical and a research fellowship. Sixty-two percent