
How Should Research Productivity Be Assessed in Early Career Psychiatric Researchers? Research Funding Versus Scientific Productivity

To the Editor: Recently, Goldberg¹ explained in a guest editorial that fundraising has become the dominant professional activity of academic physicians. The present letter further suggests that universities have become “greedy.” The goal is no longer to obtain funding in order to perform clinical research and improve patient care; the goal is the funding itself. As Dr Goldberg¹ explained concerning our current era of economic crisis and lack of grant funding, focusing on research funding is a death sentence for clinical research and an invitation for early career psychiatric researchers to leave their academic departments.

First, this letter proposes that there is need for an alternative method for assessing research productivity within academic departments. Second, decreasing the focus on funding not only may stabilize the futures of early career academic psychiatrists, it also may save US psychiatry from the current judgment of US newspapers and even an international medical journal² that the profession is engulfed in corruption.

This author believes that in assessing clinical researchers, the subjective peer review of other colleagues and trainees cannot be ignored, but in education the objective assessment of educators is the wave of the future. The globalization of clinical research and its journals has converted the number of citations of an article into a relatively reasonable measure of its relevance. The Institute for Scientific Information (ISI) in Philadelphia, Pennsylvania, is known for classifying journals according to an “impact factor.”³ However, this author is much more interested in ISI’s use of citations to assess the quality of articles; quality is measured by an “*h*-index”⁴ provided on ISI’s Web site. An *h*-index of 10 indicates that the researcher has at least 10 articles with ≥ 10 citations each in the literature (≥ 10 other articles quoting the researcher’s article). The reader will notice that it grows in exponential fashion. The absolute minimum number of citations for an index of 10 is 100

citations, and an index of 100 requires at least 10,000 citations. The *h*-index varies considerably among research fields. The highest-ranked psychiatrists have *h*-indexes in the 90s. Not many clinical psychiatric articles have more than 20 or 30 citations after 3 or 4 years; therefore, few senior US clinical psychiatric researchers reach an *h*-index of 20. The context of the author's *h*-index needs to be considered, too (eg, author's thinking versus collaborations, author's most important and original articles). Other systems for assessing article relevance are being developed.⁵

Changing the focus from number of dollars to number of highly quoted articles seems important not only for helping to assess early career psychiatrists when there is almost no research funding, but also because this shift may save the damaged reputation of US psychiatry.² We need to eliminate the greed from US academic departments in medical schools and from clinical research. Greedy medical schools appear to have gotten what they deserve; they appear to have selected and rewarded clinical researchers on the basis of greed. In the process, greed has destroyed the public reputation of some clinical researchers in medicine; moreover, clinical researchers in psychiatry are being cited as prime examples of corruption in medicine.²

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scholarly pursuits and the procurement of economic support for scientific endeavors. Dr de Leon suggests that universities and medical centers are motivated by greed, but one might alternatively consider that medical schools and early career psychiatrists (ECPs) are in the same boat, both struggling for economic viability. The overarching question before the academic leadership community would seem to be, how far should ECPs and junior faculty reasonably be expected to redirect their efforts and attention away from scientific or educational pursuits in order to help shoulder the economic burden faced by medical centers and their universities? And to what extent are medical schools, foundations, and even the National Institutes of Health (NIH) sacrificing a next generation of academic psychiatrists by making careers in education and research untenable? Consider the plight of the ECP whose NIH grant submission goes from scored to unscored on resubmission. Or the faculty member who must scramble every 3 to 5 years to find new sources of funding in order to keep his or her job. Or the clinical investigator who leaves academia altogether in hopes of greener pastures elsewhere.

Perhaps it is a useful trial by fire to ask ECPs and junior faculty to help foot the institutional bill at a time when they themselves are still consolidating their own professional identities and are unsure if they can (and want to) earn a living within academia. Maybe this is just a dose of reality in today's world. But it hardly seems like a persuasive way to attract the best and brightest toward a career path upon which everyone's future ultimately depends.

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