Frank Ghinassi, PhD, has never had a problem discovering opportunities to serve in the role of leader. In the 1970s, he ran out of money after earning a master’s degree in clinical psychology, took a job as an entry-level certified alcohol counselor and eventually became the facility’s executive director — all while still in his 20s.

Now a full-fledged psychologist, Ghinassi has continued his interest in leadership. Today he is a member of the executive management group and vice president for quality and performance improvement at the Western Psychiatric Institute and Clinic (WPIC) at the University of Pittsburgh Medical Center (UPMC). WPIC is a 300-bed psychiatric teaching hospital, which, along with its 50 community-based ambulatory treatment programs, annually provides comprehensive behavioral health care to more than 40,000 children, adolescents, adults and older people.

“Many psychologists may not naturally think of themselves as organizational leaders,” Ghinassi says. But psychologists are uniquely qualified to take on leadership roles, whether in hospitals, universities or any other settings, he says. And he is committed to making sure that the next generation of psychologists fulfills that potential.

A history of leadership
Psychologists’ training is what makes them so well-suited for leadership, says Ghinassi. In their graduate programs, he explains, future psychologists gain expertise in how people interact, what motivates them and how diverse personalities and cultural backgrounds affect their lives.

“That puts psychologists in a good position to realize how to help teams work more effectively and how to lead them in achieving effective collaboration and constructive competition,” says Ghinassi. In addition to those qualitative skills, he adds, psychologists have the quantitative skills they need to assess how well their leadership is working: They’re grounded in test construction and measurement, research methods, and quantitative and qualitative analysis. “Psychologists are well-positioned to become architects of systems of care,” he says.

Ghinassi’s own professional history illustrates how he’s put that kind of training to use in his own work as a senior administrator. After earning his doctorate in psychology from the University of Akron in 1991, and completing his predoctoral and postdoctoral internships at McLean Hospital in Boston, Ghinassi eventually served as director of mood and anxiety partial hospitalization and residential services at McLean Hospital/Harvard Medical School. Later he became clinical director of the mental health division of the city’s May Institute.

When Ghinassi first arrived as a new assistant professor in the Department of Psychiatry at the Western Psychiatric Institute and Clinic/University of Pittsburgh Medical Center in 1997, he served as the senior clinical administrator for ambulatory operations for a network of more than 50 treatment programs throughout the greater Pittsburgh region. His next position was chief of general adult psychiatry for both ambulatory and inpatient care. In what he calls “a natural evolution,” he moved into his current position in 2005.

As the facility’s first vice president for quality and performance improvement, Ghinassi now works to ensure that care is being delivered as efficiently and effectively as possible. He and his team assign metrics to the processes and outcomes of care and then use the results to provide feedback to help service providers monitor themselves and improve the quality and impact of their work.

Ghinassi also ensures that psychology interns, postdocs and psychiatry residents embrace quality improvement as an integral part of their professional identities. He strives to include trainees in each of the 50 to 70 quality improvement projects going on at any one time at WPIC and the UPMC Behavioral Health Network and encourages trainees to launch their own projects.

“I want to give them real-life experience in finding an area of...
potential improvement and then bring them up to speed on how you set up a typical quality improvement process: Pick some treatment delivery system in need of improvement or redesign, apply meaningful metrics, hypothesize a potential better way, pilot that solution and then measure changes in outcome as compared to baseline data,” he says. “That gives them a sense that they can make changes that will last beyond their short-lived educational rotations.”

Ghinassi isn’t just a quality improvement leader within his own institution, however. He’s also deeply involved with the Joint Commission, an independent nonprofit that accredits health-care programs.

About a decade ago, Ghinassi, along with a consortium from the National Association of Psychiatric Health Systems, the American Psychiatric Association and the National Research Institute, grew concerned that the Joint Commission didn’t have standard core measures for psychiatry but instead let each hospital choose areas to measure and report on. “It was cacophonous, because hundreds of hospitals were reporting on thousands of measures,” says Ghinassi. “There was little opportunity for benchmarking and true improvements in quality.”

Ghinassi and the consortium proposed the development of standard core measures, and Ghinassi was named chair of a Joint Commission-appointed technical advisory panel charged with doing just that. The resulting seven standard measures for hospital-based inpatient psychiatric services (HBIPS) are now being used as core measures by hundreds of hospitals across the country.

In addition, Ghinassi serves on technical expert panels for the National Quality Forum and the National Committee on Quality Assurance. Both organizations develop national performance measures and health care quality indicators.

Advice for would-be leaders

Ghinassi credits Philip G. Levendusky, PhD, senior vice president for business development at McLean Hospital/ Harvard Medical School, for opening his eyes to the possibilities of leadership as a psychologist. Ghinassi’s mentor during his years at McLean, Levendusky was also director of the inpatient cognitive behavioral unit when Ghinassi arrived as a predoctoral intern.

That was an unusual role for a psychologist back then, says Ghinassi. “It gave me the opportunity to see that not only could you enact traditional roles of providing good clinical care or being involved in research or teaching; another option was to become part of the leadership structure,” he says. Now Ghinassi is returning the favor by mentoring his own trainees in psychiatry and psychology.

Ghinassi’s advice to psychologists interested in becoming leaders? Learn from others. Keep an eye out for psychologists speaking at conventions or serving in various organizations, then reach out and ask for a half-hour phone appointment, he suggests. “Ask them what their path was like,” he says. “It opens the door.”

Start small as you take advantage of leadership opportunities, Ghinassi recommends. “Some of the skills that make you good as an individual performer aren’t the same as the skills that make you good at motivating others,” he says. “Going from being a good individual performer to spending more and more time mentoring and supervising others can be a big step psychologically and constitutionally.”

The process of learning leadership skills can begin as early as graduate school or internship, says Ghinassi, who recommends that trainees volunteer to chair committees or offer to direct research projects—activities that provide valuable training in working with teams and persuading people to align their goals. “There’s no shortage of opportunities,” he says.

Once they’re out of school, psychologists can try on leadership in any setting. In academia, for instance, psychologists could start small by chairing a sub-committee before working up to eventually chairing their department.

The same is true in clinical settings. “Someone will say, ‘We need to revamp the group programming at our outpatient clinic,’” says Ghinassi. “That’s an opportunity for a psychologist to say, ‘I’ve got training in that area; I’m willing to take that on and lead that effort.’”

Health care reform will offer many more opportunities for psychologists to take on leadership, especially in the area of quality improvement and performance measurement, says Ghinassi, pointing out that Medicaid and Medicare are moving toward pay-for-performance models.

And it’s crucial that psychologists take on those roles. Warns Ghinassi, “If psychologists don’t offer themselves for leadership positions, others will step in and fill the void.”