


Research Leadership

A Service to Others

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Disclaimer: the opinions within this presentation are my own and are in no way a value judgment on Imperial College London, any other academic institution or the British Army and the Ministry of Defence

 @Nadia_Soliman_

Everyone can be and is a leader

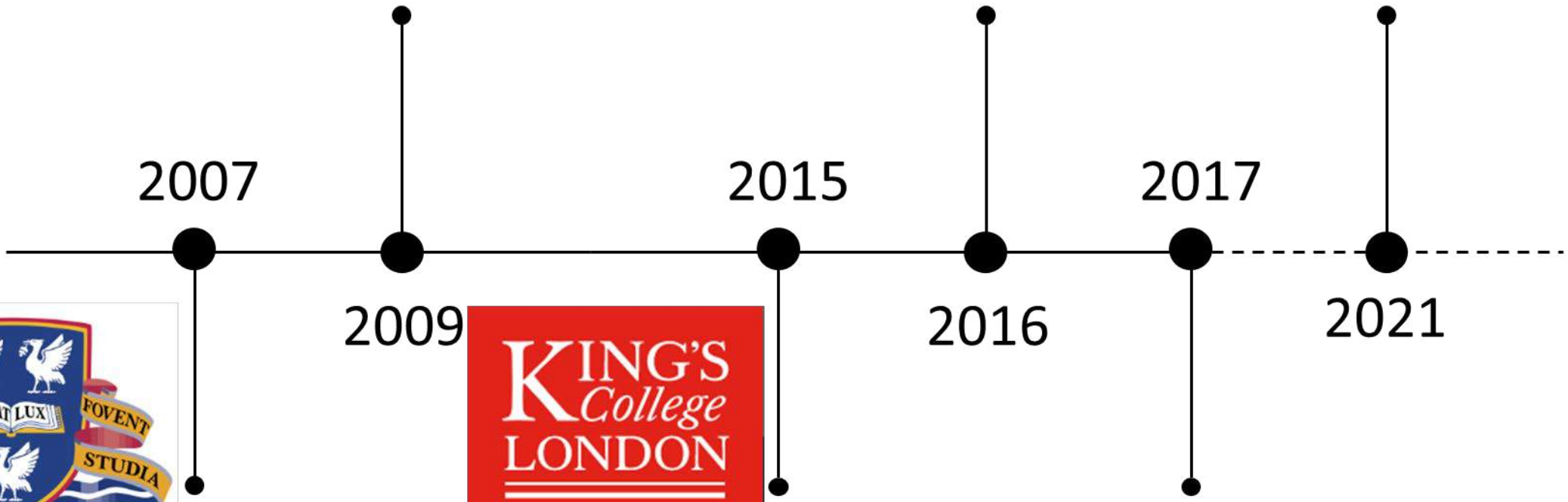


Leadership...

Leaders set direction and help themselves and others to do the right thing to move forward. To do this they create an inspiring vision, and then motivate and inspire others to reach that vision. They build and coach their teams to make them ever stronger and manage the delivery of the vision. They galvanise a group of people to achieve a common goal, often one that was not thought possible.

“Leadership is the art of achieving more than the science of management says is possible”

Colin Powell, 65th United States Secretary of State



MSc at King's ... 3 + 1 at Imperial

- The Rude Professor
 - Short & sharp
 - Arrogant
 - Embarrass & ridicule

- My first supervisor
 - Absence of short-term strategy
 - Poor communication
 - No team work
 - Absence of scientific development
 - Unprofessional work ethos
 - Ethical compliance
 - Questionable research practises

Luck!

The Problem (in general)



Disconnect between researchers' perception of their management skills and their abilities in practice

- 80% say they have the knowledge and skills to manage a diverse team
- 48% have received training.
- Only half have received feedback on their performance (55%)



SERVE TO LEAD



Our values...

Values and Standards of the British Army

- Loyalty
- Courage
- Integrity
- Discipline
- Respect for Others
- Selfless Commitment



On reflection...

1. Understand self
2. Understand others
3. Lead by Example

In Practise...My Team



In Practise...My Team

- Train Hard, Fight Easy
- Feedback
 - Including positives
- Look after each other
- **Build Trust**



Challenging 'traditional' views of leadership

- Who can/should be a leader?
- The Hierarchy/Power imbalance
- 'Sink or swim' vs Training for confidence
- Individual vs team



Scholarly Excellence and Integrity

- Increase transparency
- Increase academic rigour
- Increase reproducibility
- Shorten timeframe of publication

Smaldino and McElreath 2016

Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Mandeep R Mehra, Sapan S Desai, Frank Ruschitzka, Amit N Patel

Summary

Background Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in 20 countries. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (including sustained ventricular tachycardia or ventricular fibrillation).

Findings 96 032 patients (mean age 53.8 years, 46.28% women) with COVID-19 were hospitalised during the study period and met the inclusion criteria. Of these, 37 833 patients were in the treatment groups (3868 received chloroquine, 3783 received chloroquine with a macrolide, 3016 received hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and 58 200 patients were in the control group. 10 698 (11.1%) patients died in hospital. After controlling for multiple confounding factors (age, sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk factors, diabetes, underlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), we compared in-hospital mortality in the control group (9.3%), hydroxychloroquine (18.0%; hazard ratio 1.335, 95% CI 1.222–1.457), hydroxychloroquine with a macrolide (23.8%; 1.447, 1.368–1.531), chloroquine (16.4%; 1.365, 1.278–1.453), and chloroquine with a macrolide (22.2%; 1.368, 1.273–1.469) were each independently associated with an increased risk of in-hospital mortality. Compared with the control group (0.3%), hydroxychloroquine (6.2%; 2.366, 1.935–2.909), hydroxychloroquine with a macrolide (8.1%; 5.106, 4.106–5.983), chloroquine (4.3%; 1.811, 1.483–4.596), and chloroquine with a macrolide (6.5%; 4.011, 3.344–4.812) were independently associated with an increased risk of de-novo ventricular arrhythmia during hospitalisation.

Interpretation We were unable to confirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macrolide, on in-hospital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospital mortality, but with an increased frequency of ventricular arrhythmias when used for treatment of COVID-19.

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Introduction

The absence of an effective treatment against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection has led clinicians to redirect drugs that are known to be effective for other medical conditions to the treatment of COVID-19. Key among these repurposed therapeutic agents are the antimalarial drug chloroquine and its analogue hydroxychloroquine, which is used for the treatment of autoimmune diseases, such as systemic lupus erythematosus and rheumatoid arthritis.^{1,2} These

drugs have been shown in laboratory conditions to have antiviral properties as well as immunomodulatory effects.^{3,4} However, the use of this class of drugs for COVID-19 is based on a small number of anecdotal experiences that have shown variable responses in uncontrolled observational analyses, and small, open-label, randomised trials that have largely been inconclusive.^{5,6} The combination of hydroxychloroquine with a second-generation macrolide, such as azithromycin (or clarithromycin), has also been advocated,



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See Online Comment
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How do we get there?

An Academic Leadership Code...

Values

- Academic Freedom
- Scholarly Excellence
- Mutual Respect
- Collaboration
- Integrity

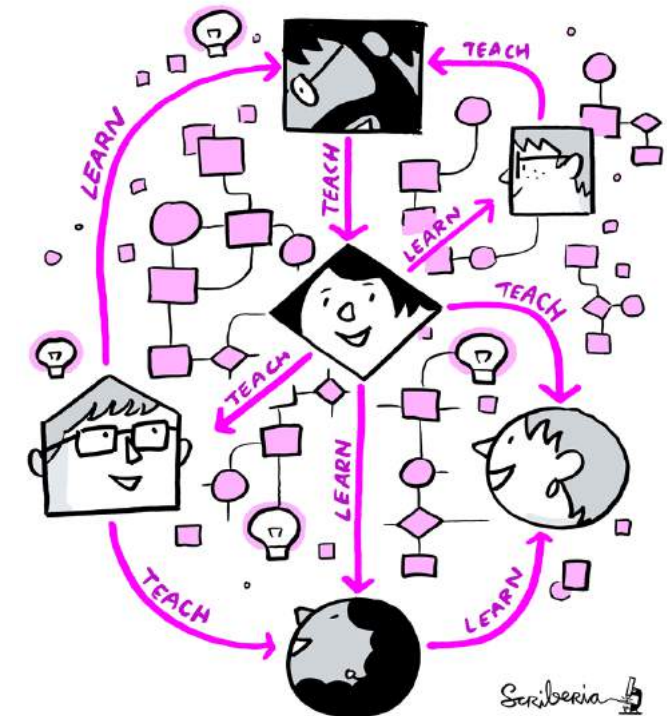
Leadership Behaviours

- Lead by Example
- Develop Others
- Build Teams and collaborations
- Strive for Team Goals
- Do the Right Thing (not the easy thing)

How do we get there?

Collaborative Leadership Model

- Silo busting
- Building trust
- Promoting learning
- Promoting diversity



How do we get there? *Leadership Training*

- Learn about ourselves
- Space & Time to reflect
- Share experiences
- Opportunity to receive/give advise and help
- Continual, progressive, situation based



A Service to Others...

- **What it isn't...**

- Noble suffering

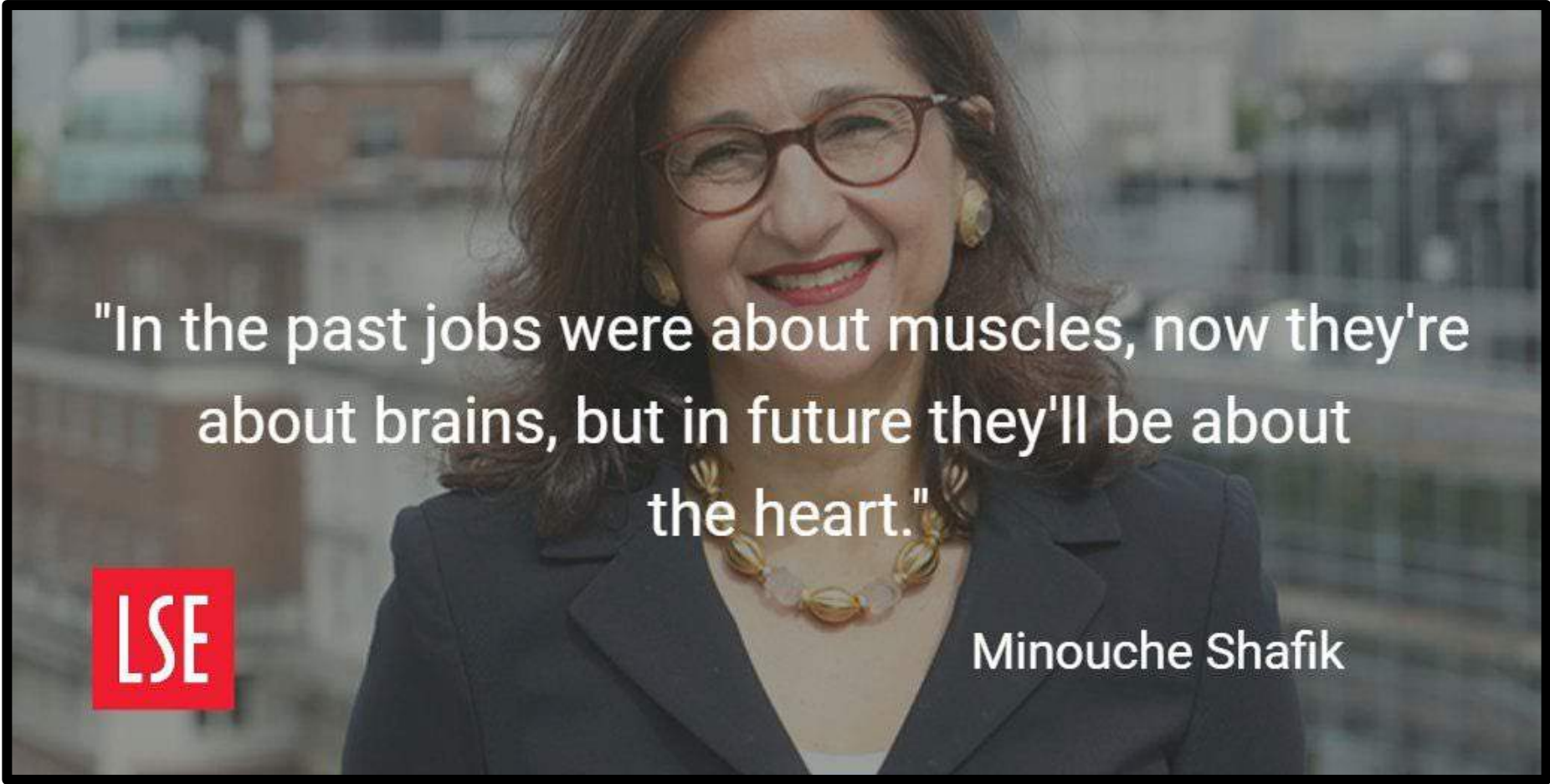


- **What it is...**

- Modelling healthy examples
- Caring for others
- Supporting professional development
- Creating an inclusive environment
- Empowering & Delegation
- Not tolerating bad behaviours

What can we do...?

- Understand ourselves and others
- Have integrity and moral courage
- Take responsibility
 - Recognise the importance of developing these skills
 - Make time and space for personal development and reflection
 - Advocate for change
 - Help others

A portrait of Minouche Shafik, a woman with dark, wavy hair, wearing glasses, a dark blazer, and a necklace. She is smiling and looking slightly to the right. The background is a blurred cityscape.

"In the past jobs were about muscles, now they're about brains, but in future they'll be about the heart."

LSE

Minouche Shafik