INTERVIEW WITH TALMADGE KING, DOM INTERIM CHAIR — DECEMBER 15, 2006
By Joseph Wilson and Deborah Airo, Central Administration

Why did you choose a career in Medicine?

While I was an undergraduate attending Gustavus Adolphus College in St. Peter, Minnesota, one of my college counselors asked me what I planned to do after graduation; I told him I wanted to become a Clinical Psychologist, and he said, “No, you’re going to be a doctor.” The idea of becoming a medical doctor had been in the back of my mind, but it seemed almost out of reach. It wasn’t until the counselor said it that I fully realized that’s what I wanted to do with my life.

Where did you do your studies and medical training?

My medical training was at Harvard, and my Residency was at Emory. I trained to be a Pulmonary Specialist at the University of Colorado.

Why did you choose Pulmonary as your specialty?

I was very interested in Pulmonary and Critical Care because I saw it as one of the settings where “real patients” can be helped and where one can do work in other specialties, such as cardiology and infectious diseases.

Who has had the biggest influence on you thus far in your career?

There were many people; I have been lucky enough to have a number of exceptional mentors, and many of them have become my good friends. My first boss, Marvin Schwarz, at the University of Colorado, certainly has had a major impact on my career in Pulmonary Medicine. We continue to work together on many projects.

What made you decide to come to UCSF?

I was the Vice President of Clinical Affairs at National Jewish Medical and Research Center in Denver. National Jewish was a great place to work and I had 15 very successful and satisfying years there. My wife and our two daughters loved the Denver area. I thought we would stay there forever.

In 1996, I was invited to give Grand Rounds at SFGH. I thought it was just another speaking engagement, but later found out that this was UCSF’s way of getting a good look at me. At the same time, things were changing at National Jewish and in Medicine in general. In particular, I was concerned about the changes resulting from
the managed care movement. I decided I needed a change and wanted to be in a position to work with and for the growing underserved and vulnerable populations. My two daughters were in college, so my wife and I decided to make a change. I was offered the position of Chief of Medicine at SFGH and we decided to make the move to California. I really liked the mission of SFGH, which is primarily to serve poor and underserved populations. Once I’d met the faculty and staff, I knew SFGH was the place I wanted to be—every one I met appeared very committed to their work and to the patients we serve at SFGH. Also, SFGH is probably the best academic public hospital in the country, dedicated to not only caring for patients but finding solutions to the problems encountered by our diverse and underserved groups. I immediately liked my work; but it took a little longer to adjust to living here after being in Denver for so long.

How do you maintain a balance between family and work?

I do believe that having a good balance between work and home is essential; however, I am the wrong person to comment on a balanced life! I love what I do, so I find doing it all the time fun and not a challenge. My wife, Mozelle, and I were married in college, so we started our family early. She worked as a high school math teacher and took on many roles, allowing me the time to complete my studies and training while raising a family. My wife and I are very close, and she’s a very independent person, which, for someone like me, is important. She and I try to take more “real” vacations. I try to keep in touch with my daughters. Now that I’m a grandfather, quality time is still high on my list; Wednesday evenings and Sundays are Grandfather’s times.

What do you like to do to relax, when you are away from the pressures of work?

I’m a great sports enthusiast. I’ll watch anything involving a ball or puck: football, basketball, baseball, hockey, tennis, golf. I like to read a lot, especially fiction and nonfiction.

MAKING SENSE OF CAYUSE AND THE FEBRUARY 5 NIH DEADLINE

by Susan Lau, Research Services Analyst, Infectious Diseases Group

In 2005, the National Institutes of Health (NIH) mandated that by October 2007 all proposals must be submitted electronically...
Through Grants.gov, NIH is making this transition mechanism-by-mechanism and has provided PureEdge software as a free tool to submit applications electronically to Grants.gov. Even with Microsoft Windows, Internet Explorer, and a technically savvy user, there have been significant challenges creating and submitting applications to Grants.gov using PureEdge. Due to these challenges, UCSF sought out an independent Grants.gov solution in order to accommodate the transition of the R01 mechanism on February 5, 2007.

On October 20, 2006, the Office of Sponsored Research (OSR) and the Office of Academic and Administrative Information Systems (OAAIS) announced UCSF’s developmental partnership with a web-based Grants.gov system called Cayuse424. During the pilot implementation, Cayuse424 proved to be a more intuitive and systematic validation tool than PureEdge, the federal government’s Grants.gov solution. Not only is Cayuse424 easy to use, but it also maintains robust functionality to support the creation and submission of error-free grant applications to NIH. (Details of this announcement may be found in Volume 11 of RESEARCH NEWS, http://www.research.ucsf.edu/RschNews/N06_V11/RN_n06v11.asp)

As a developmental partner with the NIH, Cayuse has created a system that enables the submission of proposals electronically to Grants.gov. Cayuse has also developed tools that simplify the process of creating, submitting and managing grant proposals. Moreover, UCSF will play a role in the design and functionality of the Cayuse424 system, as well as have the ability to integrate with current institutional systems in the near future.

Currently, Cayuse only supports NIH grant applications. All other agencies requiring submission through Grants.gov will still require the use of PureEdge. Soon, Cayuse will support other federal funding agencies, such as the Agency for Healthcare Research and Quality (AHRQ), Health Resources and Services Administration (HRSA), Department of Defense (DOD), and the National Science Foundation (NSF).

Some features of Cayuse are:
- Rigorous validation of proposal data prior to submission
- Ability to develop five-year budgets with auto-fill and auto-calculation capabilities
- Detailed Indirect Cost calculations (including line-item exclusions)
- Automated production and management of PDFs required for electronic submission
- Reusable Professional Profiles and Institutional Profiles

Below are upcoming key dates:

January 30, 2007 – 9:00 a.m. deadline for final submission to Contracts and Grants for NIH
February 5, 2007 deadline

February 5, 2007 – 5 p.m deadline for final submission to Grants.gov for the NIH
For details on training opportunities, please visit:

- WebCT
  [http://www.research.ucsf.edu/ITDS/itdsgg_WebCT.asp](http://www.research.ucsf.edu/ITDS/itdsgg_WebCT.asp)
- Office of Sponsor Research (OSR)
  [http://www.research.ucsf.edu/ITDS/itdsgg_Trng.asp](http://www.research.ucsf.edu/ITDS/itdsgg_Trng.asp)
- NIH Office of Extramural Research (OER)

Those who have not taken the training should do so soon.

Important items to keep in mind:

**Late policy**

**Two-weekday window**
The Authorized Organizational Representative/Signing Official (AORSO) and PI will have two weekdays to view the final assembled application in eRA Commons. Only the SO has the option to reject the application to address warnings if the application does not correctly reflect the submitted application package due to eRA Commons or NIH system issues. If no action is taken, the application automatically moves to Receipt and Referral after the two weekdays.

If you encounter any problems as you work in Cayuse, please refer to the Cayuse Support Center, accessible by clicking “Resources” on the Cayuse424 welcome page. Otherwise, you may contact Stephen Dorsey, at [Steve.Dorsey@ucsf.edu](mailto:Steve.Dorsey@ucsf.edu) or 415-476-0999, and he will direct your questions and/or concerns.

Stay tuned. For those interested in receiving news and updates about Grants.gov using Cayuse, you can subscribe by sending an e-mail to ResearchNews [researchnews@ucsf.edu](mailto:researchnews@ucsf.edu) with the words “Subscribe Submitting to Grants.gov Using Cayuse” in the subject line.

**MEET ANNAMARIA FLAMBURIS**
Division Administrator, Division of Gastroenterology
by Christine Razler, Research Services Analyst, Gastroenterology Group

You have worked for UCSF for over 20 years; please tell us what brought you to UCSF and about your career here.

I started at UCSF in the Central Human Resources Department when they were still at the Laguna Honda site. I was a Business Administration major at San Francisco State and came for a summer internship in 1983. I then applied for a basic administrative assistant part-time job in the Graduate Division. I decided at this point that I didn’t want to work downtown and that my
commitment was to work for some sort of non-profit institution. Working for the Graduate Division was my first exposure to management, and I had two wonderful mentors there, Dr. Kozloff and Janice Babula, who were exemplary models of University management. I also received my first experience with research administration helping to manage a training grant as part of the student programs. I stayed with the Graduate Division for more than five years, and then, building on the experience from that job, I accepted a position as Contracts and Grants Administrator in Stan Prusnier’s lab. The Prusnier lab was a serious basic research program and gave me the opportunity to strengthen my skills and expertise in research administration managing an active program, including R01s, Program Projects Grants, Fellowships and private foundation awards. After two years with this lab, I was offered my current position as Division Administrator in the Division of Gastroenterology, which at that time was a strong basic research division where volunteer clinical faculty helped with the clinical activities and where a major part of the Division Administrator position was managing the NIH-funded Liver Center. Over the 15 years I have been with GI, I have seen much growth and evolution in the division. From the strong fellowship program to the building of a stronger clinical program that culminated with the addition of our Mt. Zion Clinical Practice, the GI Division now includes specialized programs in the subspecialty practice, including liver diseases, liver transplant, general gastroenterology, G.I. cancer and inflammatory bowel diseases (IBDs). I have thoroughly enjoyed my work helping to strengthen, support and grow the G.I. Division and feel that I have become part of the program. I can honestly say, that I love the energy in the Division and that I have the utmost respect for the faculty and the work that they do and for the outstanding support staff here.

During your UCSF career you have raised one son, put yourself through college, had another daughter and are now putting your oldest through college; how do you manage to balance the demands of work with your personal life?

I’d say that for people to be able to achieve a balance during these busy and stressful times, they need to maintain outstanding organizational skills, be able to prioritize work duties and family commitments, have a positive attitude, be motivated and enjoy what they do. I look at my career and life in general as a work in progress. The demands and stressors are always there, but I try not to internalize them. I focus on what needs to be done, roll up my sleeves and get to work. I also have to say that without a strong support system I wouldn’t have been able to achieve what I have at this point. My mother has been an extremely important person in my life and has been there to help with family issues, picking up the kids from school when needed and always willing to cook a meal for us. The stresses in life are very real but with support and the right attitude I always find I can make it through each day.

You have a strong background in research administration. How has the role of Division Administrator changed in regard to research administration and
how has research administration changed at UCSF over the past decade?

Over the past decade, it has become very specialized, and well-defined responsibilities have emerged for the RSA position. The demands of the divisions have grown over the past decade with a focus on clinical activity, and the role of the Division Administrator has shifted in a different direction with that growth. I think that Division Administrators still must maintain clear knowledge of research administration to manage the entire program of a division. There has been some disconnect over the past 10 years between research administration and the overall management of a division. With the implementation of new control systems like RAS, Division Administrators may find themselves “out of the loop” with some aspects of Research Administration that would have otherwise fallen under their direct management. Systems and policies are changing fast, but the communication to management may not have caught up with the growth. If Division Administrators don’t have a strong background in research administration prior to the implementation of these systems, the current disconnect could widen and the role of the Division Administrator will lessen. The divisions serve as the front line of the entire Department and the Division Administrators at the head of that charge need to remain connected to all aspects of their division and programs to ensure success of the division and support the Department.

In your opinion, what is the key for a successful relationship between the RSA and the Division Administrator?

First and foremost, communication and exchange of information are key for a successful relationship. The Division Administrator is dependent on the RSA for certain information related to budgets, staffing needs, award spending, and so on. Equal consideration should be given to the RSAs’ needs. Clinical responsibilities of the staff and Division may play directly into a research program, and it’s important for the RSA to have an idea about the divisional budget in relationship to a faculty’s overall research program. The Division Administrator and the RSA need to work together to formulate budgets, report on effort, staff programs, grant fellowships, clear overdrafts and manage extramural funds. Even though the roles of the Division Administrator and the RSA are clearly defined, there are overlapping areas when it comes to human resources and finance. To maintain a positive and productive working relationship requires mutual respect and support, as well as a free exchange of information.

So, what about future plans………?

Well, I’ve enjoyed this interview so much I’d love to be interviewed by Oprah next.

LIFE AS A NEW RSA
by Kapo Tam, Research Services Analyst, Hospitalist Group

Prior to my position as an RSA in the Hospitalist Division, I was a schedule coordinator for the Parnassus Moffit-Long Hospital and Mt. Zion Hospital. I also was the administrative contact for the Mt. Zion
Hospitalist group. I had no prior experience with research grants or post-grant management.

The first time I heard about the position, I was clueless about what an RSA does exactly. So, I came into this position without knowing much about the job or the responsibilities. The first month was hectic. I was attending meetings, attending training classes, and working closely with my Division Administrator. It was a challenge working, learning, and trying to catch up on all the work there is to do. But I know that my hard work will pay off in the months to come.

Tasks can seem never ending, going from monthly overdraft reports to last-minute research proposals. Working as the only RSA in the Hospitalist Division has forced me to learn quickly, because if I don’t do the job, no one else will. But on the positive side, taking care of the pre- and post-award has allowed me to see the big picture of the system. I see how we submit the proposal and, after it gets awarded, I will be the one who sets up the account.

After six months, I still have many things to learn and many challenges to conquer. But without all the people I can go to for help, I would never have made it this far.

**POLICY/PROGRAM UPDATES**

(links are provided for further information)

**NIH Fiscal Policy for FY 2007 Awards**
The NIH has posted a notice at [http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-07-030.html](http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-07-030.html) to explain the NIH plan to manage its portfolio of investments in biomedical research. NIH is striving to minimize the potential damage that could result from the combination of no budget increases in recent years, operating under a Continuing Resolution for 2007, the commitments to existing investigators and research projects, and the growing number of new grant applications.

As stated in this notice, inflationary adjustments for continuation (non-competing renewal) awards will not be made in FY 2007. Non-competing awards that were expected to include an inflationary increase in FY 2007, including modular grants, will not be receiving an inflationary increase over the FY 2006 award amount. By doing this, NIH hopes to maintain the stability of the investigator pool by reaching about 9600 new and competing Research Project Grants, a number similar to that reached in FY 2005.

**Change in Standing Receipt Dates for NIH/AHRQ/NIOSH Beginning in January 2007**

NIH has revised its standard receipt dates. The next round of New R01s will be due February 5; Renewal, Resubmitted, and Revised R01s will be due March 5, 2007.


**Cayuse424**

Cayuse424, the Grants.gov solution, will be required for all NIH applications for the February 5, 2007 deadline and beyond. Unfortunately, Cayuse currently only
supports NIH grant applications. All other agencies requiring submission through Grants.gov will still require the use of PureEdge. Cayuse will support other agencies in the near future (e.g., HRSA, AHRQ, DOD, and NSF). For detailed information on Cayuse, you can access “ResearchNews,” the online publication of the Office of Research, at http://www.research.ucsf.edu/RschNews/RschNews.asp. Investigators should also speak to their RSAs who are currently training on this web-based application.

DIVISION UPDATES
by Brett Friberg, Data & Finance Analyst, Central Administration

Miriam Gonzalez-White was promoted to Administrative Director for General Medicine and has moved out of her role as the Division Administrator for the Division of Endocrinology, Metabolism and Osteoporosis as of December 1. Questions for Endocrinology should be directed to Janley Fong at 353-9066 while a replacement is being recruited.

BEST IN RESEARCH ADMINISTRATION OF GRANTS (BRAG) AWARD
by Joseph Wilson

The Research Administration Unit is proud to announce that Kapo Tam is the January 2007 BRAG Awardee. Kapo is a Research Services Analyst for the Hospitalists Division. She has been with the Division since May 1, 2006 and with the DOM since July 16, 2004. Before doing pre- and post-award grants management, Kapo worked in the Division of General and Internal Medicine as a Clinic Scheduler. Kapo has shown great enthusiasm and interest in her job as a RSA. While encountering her share of problems in doing this work, she is always calm and collected. Kapo has been awarded the BRAG Award because she submitted the highest percentage of grants on time with the fewest mistakes during the pre-award process.
STAFF UPDATES
by Deborah Airo, Principal Editor, Central Administration

Erika Luger joined the Cardiology Division as an RSA II. She is enthusiastic about her work in pre- and post-award management. She is also working on an MA in Public Administration from SFSU. Erika’s previous experience has been with UCSF in the Graduate Office of Diversity Outreach and the Office of Sponsored Research.

Solat Navab rejoined DGIM as the Research Administration Manager as of November 1, 2006.

Jane Drake joined SFGH as an RSA III in November 2006. Jane has an MPH from UC Berkeley School of Public Health. Prior to coming to UCSF she was the Chief Compliance Officer for FEMMX Financial and worked as an investment advisor to the Women’s Equity Fund.

Estrella Garcia joined SFGH as an Assistant RSA I in November 2006. Estrella started with UCSF at Hematology-Oncology, where she worked as a purchasing assistant for the past 3 years. She will be handling pre- and post-award duties for the HIV/AIDS Division.