Research Development Office (RDO)

We invited Susanne Hildebrand-Zanki, Associate Vice Chancellor of Research to present on the Campus' new initiative to facilitate the application of large, multi-site, multi-center, interdisciplinary proposals. We invited her to present on this topic as a result of the priorities identified at the DOM Strategic Planning Retreat held on September 14, 2011. The roundtables at the Retreat identified as their top priority the need for support for increasing the success of applications for grant funding. Means to improve success in grant applications included an administrative "strike force" to identify grant opportunities and to assist in the preparation of applications, particularly for large, collaborative, cross-disciplinary grants, including equipment grants.

It is logistically difficult for PIs to quickly identify all the resources required to compete efficiently and successfully for such proposals. The RDO was created as a recommendation of the Decade of Human Biology Task Force. The Campus recognized that the current infrastructure is not amenable to enabling the faculty to apply for large grants. Jeff Bluestone has allocated 3 years of funding to the RDO. Continued funding would depend on how often services will be used by the Campus community. Criteria of who will be served will be based on who is interested in the service.

Susanne has been working to identify a director of the RDO for the past 7 months. The candidate she is looking for has a PhD in the life sciences but is interested in operations, not laboratory research. The RDO is expected to house the Limited Submission Opportunities and RAP (both are currently in C&G) in the future. In total, the office will have 4.5 FTEs (2.5 FTEs newly hired including the Director and 1 FTE each existing for LSO and RAP). They would also like to centralize certain information such as the "Resources" concerning facilities, equipment, etc. and training grant tables. This information is labor-intensive to gather and maintain and would save PI time during the application process. It was suggested that the Other Support pages for VAMC faculty would also be very helpful and necessary. Grant writers would be provided on an ad hoc basis.

There was discussion as to whether a dedicated Director is required for such an organization. There is the benefit of having a full-time person dedicated to orchestrating such proposals instead of trying to find individuals to fill-in who already have full-time jobs. The CTSI
application was done this way, by capitalizing on existing staff already on Campus. This model would now be easier because of Research Management Services and knowing the special skills of certain staff. However, with a higher volume of proposals, it would not be possible to use this model on an ongoing basis. A central office would afford the institutional knowledge that is currently lacking. Building relationships with PIs and centrally managing communication is also greatly facilitated by a dedicated person.

There was some discussion as to whether a PhD-level person is necessary. The Program Management Office has highly trained individuals who can efficiently and effectively orchestrate proposals, and it was suggested individuals of that phenotype might be good candidates to lead the RDO.

Action Items

Each member is to think of potential candidates for the Director position and forward any names to Susanne at susanne.hildebrand-zanki@ucsf.edu.

Future Meetings

Monday, February 13, 2011 at 8-9 am in S-161 (Videoconferencing enabled via MOVI)
Tuesday, March 13, 2011 at 8-9 am in S-161 (Videoconferencing enabled via MOVI)
Monday, April 9, 2011 at 8-9 am in TBD
Tuesday, June 12, 2011 at 8-9 am in TBD
Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Supporting Patient Cohorts

We discussed how to grow or support patient cohorts as a way to augment the study of humans.

Dr. Morrie Schambelan spoke about the funds that were once available in the Department to build patient cohorts. As the past Associate Chair of Clinical and Translational Research, he oversaw the RFA and distribution of these funds. The first RFA was in 2006, which received 16 very competitive applications. An 8-9 person committee reviewed all applications and decided to provide $100K to John Imboden and Jonathan Graff to establish a rheumatoid arthritis cohort. The cohort now has 500 patients in its database. The second and last RFA occurred in 2008. Eight applications were received, and the committee decided to fund Carolyn Calfee and Kathleen Liu on a joint renal/lung patient cohort, which now has several hundred people. Funds were well used and both cohorts have a robust patient population.

Dr. Steven Deeks shared his experience of building one of the most widely used longitudinal patient cohorts on campus, a cohort of 1,500 HIV patients and an associated biospecimen bank of ~40,000 specimens. The SCOPE cohort was started with an investment from CFAR. In collaboration with Jeff Martin, the data retrieved and maintained have been diverse to allow many other disciplines to use the data. As a result, a number of mini-cohorts have developed from the main data set and have helped to launch the research careers of many junior faculty and fellows in training. The cohort supports about 100 PIs in multiple disciplines, not only HIV. Steve commented that new clinical phenotypes for HIV emerge every 2 years, which become “hot topics.” The cohort has enabled him and others to quickly access data to respond to these new hot topics.

John Fahy discussed how the Airway Clinical Research Center is a tissue bank that arose out of a number of individual clinical trials that all required bronchoscopies and that shared a common database in MS Access. Due to an investment of resources from the Department, CVRI, and the medical center, space was reconfigured to enable bench research and clinical space to be renovated to enable tissue sampling and archiving to be done efficiently and in close proximity. This enabled him to leverage additional relationships and funding from Genentech and the NIH.
Deborah Grady discussed the Campus’ current systems that enable better data maintenance and retrieval of information for patient information. The nature of epidemiological studies has changed over the years, and the interaction with patients is much more through electronic means. Epic provides a standardized data collection template. The Integrated Data Repository (IDR) will provide centralized information such as labs, x-rays, pathology, and other clinical records. The CTSI received $5 million from UCOP to integrate clinical research data for five UC campuses. The VAMC is also currently in discussions about integrating its clinical data for UC campuses. There are constraints established by the CHR to extract patient data from UCare but that is currently being negotiated by CTSI. These resources signify that a high volume of patient cohort data already exists; it’s more of a matter of how to extract, maintain, and analyze it.

We discussed the need for infrastructure support such as qualified data managers who are embedded into cohorts to keep the data and systems clean and well maintained. Promotion committee criteria for consideration of first, second, third authorship is a barrier to encouraging young investigators in becoming interested in this area. Their work in building a cohort, which contributes to other people’s science, often does not receive equal recognition on publications.

**Action Items**

We will continue the discussion of how to support or build patient cohorts at the next meeting. Bill will determine how many patient cohorts currently exist at UCSF.

**Future Meetings**

Tuesday, March 13, 2011 at 8-9 am in S-161 (Videoconferencing enabled via MOVI)
Monday, April 9, 2011 at 8-9 am in TBD
Tuesday, June 12, 2011 at 8-9 am in TBD
Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Department of Medicine
Research Council Meeting
March 13, 2012

Present: Kirsten Bibbins-Domingo, Steve Deeks (guest), John Fahy, Deborah Grady (guest), Carl Grunfeld (phone), Marguerita Lightfoot, Mike McCune (phone), Morrie Schambelan (guest), Bill Seaman (Chair), Mike Shlipak, Suzanne Sutton, Louise Walter

Continued Discussion on Supporting Patient Cohorts

The Department has allocated $500K over three years for investment in research, and the plan is to use this to promote the study of humans. The Council discussed plans to use the money to invest in new patient cohorts, to aid the development of existing cohorts, or both. There was support for aiding both new and existing cohorts through a competitive process. It was noted that the funds available are relatively small for this effort, and it would be ideal if the Department were able to leverage funding from other sources, possibly the Office of the Vice Chancellor/Provost.

The past investment that the Department made in developing patient cohorts was reviewed and was considered to be highly cost-effective.

The Council discussed whether to restrict new funding to junior investigators and/or K-awardees. On the one hand, this would draw young investigators into the field and would promote their careers. On the other hand, reward for work developing patient cohorts can be long in coming, so support for young investigators might best be directed for work on existing cohorts. Here support could help young faculty transition from a mentored award to independent support, though the presence of a strong and dedicated mentor would be an important element helping junior faculty to achieve independence. In the end, it was agreed that the call for proposals would be open to all faculty but would emphasize the opportunity for young investigators with mentors.

There was general agreement that support for human studies should require the use of established and widely used infrastructure, especially for data management.

It was suggested that a Letter of Intent be requested prior to the submission of a full proposal. This would be useful both for screening and for guiding applicants. Proposals could be to build a new cohort or to augment an existing one. Experts to guide the use of existing resources and infrastructure would review any funded proposals, preferably biannually. The CTSI may be able to partner in this effort, not in terms of funding but in providing resources and guidance such as the Integrated Data Repository.
Action Items

Bill Seaman will meet with representatives from CTSI and with Associate Vice Chancellor for Research Susanne Hildebrand-Zanki to seek collaborations and will develop a Request for Applications. The Research Council will review the draft.

Future Meetings

Monday, April 9, 2011 at 8-9 am in S161
Tuesday, June 12, 2011 at 8-9 am in S161
Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Updates

The Physician Scientist Fellows proposal is in Keith Yamamoto’s office but he has already vetted the concept.

Bill met with Julie Auger to discuss a repository for Rheumatology’s human studies. This led to a discussion about how to support campus-wide repositories. Pulmonary dedicated $200K to build a human data repository, and we discussed whether this should be part of a larger campus initiative. It is a web-based portal to provide Stanford University access. We agreed that any campus initiative should be across disciplines and across software platforms.

Recruitment/Retention

There is limited data about why recruitments fail. The DOM Strategic Planning Workgroup on Recruitment and Retention found that issues of salary and start-up support as well as confusion regarding the appointment/promotions process may adversely affect faculty recruitment and retention. A final report of the Workgroup is still pending.

To recruit scientists, it is estimated to require at least $1.2 mil to bring them on. For a desktop researcher, Pulmonary has estimated that $400K in flexible funds is required. Both wet lab and desktop researchers require long-term salary support in addition to the start-up packages. The other constraint in attracting competitive applicants is whether there is a critical mass of like-minded physicians even if there is space and money.

Experientially, the housing and school situation in the Bay Area has often blocked recruitments of external candidates. If the campus were to augment more University owned faculty housing or to initiate co-investment of real estate with candidates (like at Stanford), the housing issue could be better solved. Otherwise, most recruits will be internal candidates.

Chancellor’s Mid Career Research Funding

We discussed the new initiative issued from the Vice Chancellor/Provost’s Office and how the Department might capitalize on this new source of funding to augment the faculty of
mid-career researchers. The initiative requires department commitment to cover the shortfall, which defaults to the division in the Department of Medicine. For many divisions, this would not be financially feasible.

Is it reasonable for the Department to provide the investment or to collaborate with the division in covering the liability? We also discussed joint recruitments with the basic science departments as another solution.

Action Items

Bill Seaman will discuss with Talmadge about the Department making the financial commitment required to participate in the Mid-Career Research recruitments.

Future Meetings

Tuesday, May 8, 2012 at 8-9 am (teleconference)
Monday, June 4, 2012 at 8-9 am in HSE1303
Department of Medicine  
Research Council Meeting  
June 4, 2012

Present: John Fahy, Carl Grunfeld (phone), Marguerita Lightfoot (phone), Jackie Maher, Mike McCune, Bill Seaman (Chair), Dean Sheppard, Mike Shlipak, Suzanne Sutton, Art Weiss

CTSI Open Forum

Mini Kahlon, PhD, Deputy Director and CIO of the CTSI and Rachael Sak, Assistant Director presented on the CTSI's Open Forum portal, which we are planning to use for our RFA on building patient cohorts. (Please see attached slides.)

The concept of the Open Forum is akin to crowdsourcing, which intends to expand the network of participants via the Internet. CTSI utilized the Open Forum in its last RFP to elicit ideas to improve how research is done as well as to expand the scope of research by finding interested collaborators/participants. There were two phases of the Open Forum initiative. There was an initial application deadline, which was aligned with RAP's due date. The first phase, “Open Development,” was directed at the structure of the grant, and whether it met criteria. For this phase, applications could be posted over a 5-week period from the time the RFP was released. All proposals had to file by this deadline to be considered. This was followed by a second phase, the “Open Improvement” phase to refine the application. This lasted only 2 weeks, a period that proved to be too short. Applicants had the option to incorporate or ignore all and any comments but all applicants were required to comment on at least one other proposal. All Board Members of CTSI were also tasked with commenting on proposals. Most applicants revised their proposals at least once, if not multiple times, based on the comments posted. Applicants are also able to reply to comments posted. Commenters may be anonymous but these individuals would not receive the benefit of notification when someone had replied to their post.

In some cases, applicants lobbied their friends and colleagues to comment, which may have generated artificial feedback. We decided it is best to separate commenters from reviewers so that the objectivity of the review process is maintained.

Also, in the case of our RFA, the goal of the grants is much more defined than were the goals of the CTSI grants, so we probably do not need the “Development” phase. We should, however, allow more time for the “Open Improvement” phase (perhaps 3 weeks) and allow time after this for final revisions by the applicants.

Criteria for Promotion in DOM

A priority of the research council is to increase the research of humans, which is often multidisciplinary and requires collaborative research. The DOM’s current criteria for
promotions generally do not support collaborative research, and we discussed whether this is an important issue that should be assumed by the Council or another committee. There was time for brief discussion, with the understanding that the discussion will be continued at the next meeting. Some points raised were:

The Executive Promotions Committee often uses factors in addition to the written promotions criteria. The current criteria encourage mentors to be more generous than they would otherwise be, i.e., assuring that younger faculty mentees have independent publications.

Does changing the criteria change our objective of creating leaders as opposed to participants of a team? The nature of patient-oriented research is multidisciplinary and requires a team of diverse experts. The value placed on first or last authorship of publications during the promotions process does not recognize the nature of interdisciplinary science. There should be a distinction drawn between those who successfully acquire independent research awards such as an NIH R01 and authorship. An effective mentor would be advising a young faculty member how to distinguish himself or herself to become an expert in a subset of a research area.

**Action Items**

The Open Forum will be incorporated into the RFA by which proposals must be submitted. It will be optional for applicants to comment on other proposals.

A July meeting may be scheduled based on everyone's availability so that we may continue our discussion about promotions criteria.

**Future Meetings**

Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Catalyzing new models of precompetitive collaboration in proposal and team creation
Crowdsourcing

Mechanical Turk is a marketplace for work.
We give businesses and developers access to an on-demand, scalable workforce.
Workers select from thousands of tasks and work whenever it's convenient.

210,661 HITs available. View them now.

Make Money
by working on HITs

HITs - Human Intelligence Tasks - are individual tasks that you work on. Find HITs now.

As a Mechanical Turk Worker you:
- Can work from home
- Choose your own work hours
- Get paid for doing good work

Find an interesting task Work Earn money

Find HITs now

or learn more about being a Worker

Get Results
from Mechanical Turk Workers

Ask workers to complete HITs - Human Intelligence Tasks - and get results using Mechanical Turk. Register Now

As a Mechanical Turk Requester you:
- Have access to a global, on-demand, 24 x 7 workforce
- Get thousands of HITs completed in minutes
- Pay only when you're satisfied with the results

Fund your account Load your tasks Get results

Get Started

FAQ | Contact Us | Careers at Amazon | Developers | Press | Policies | Blog
©2005-2012 Amazon.com, Inc. or its Affiliates

Bringing better health to more people more quickly!
What are we doing and why

Terms –

• Crowdsourcing? (crowd funding, etc) Maybe not really.

• ‘open’ innovation – sort of, but not well defined.

• ‘open’ brainstorming?
What are we doing and why

Idea development and team formation (not ‘outsourcing’ idea submission)

1. Making process of creating proposals more open to improve proposals.
2. Catalyzing the formation of teams that may otherwise not have come together
3. Enabling greater access to the largest set of relevant information
Open Proposal

- Planned as annual awards
- Redeployment of CTSI annual program budget cuts
Open Proposal – What We Did

Three Phases

- Open Development (~5 weeks)
- Open Improvement (2 weeks)
- Internal Review (2 weeks)

Advertised through RAP and some other approaches. As always, could have done better

Faculty & Staff eligible
Open Proposal – How We Did

8 out of 28 proposals were awarded

• 4 (or 5) were from CTSI, 4 (or 3) were not

Total $ awarded is approximately $327K

• Award Range: $16,340 to $85,904
• Average award: $43,411
Getting Users to Contribute Online is Hard, and Even Successful Models Have Low Participation Rates

**Wikipedia**
78 million visitors monthly, 91,000 contributors

0.1% of viewers are contributors


---

**“Causes” application, Facebook**
25 million signed up for application, 185,000 donated

0.7% of users actually donated to any of 179,000 nonprofits.


---

**90:9:1 Rule**
Lurker : Intermittent Contributor : Heavy Contributor

http://www.useit.com/alertbox/participation_inequality.html

---

**33:66:1 Rule?**
Crowdsourcing within the enterprise (IBM)
Open Proposals– How We Did

<table>
<thead>
<tr>
<th></th>
<th>Audience targeted</th>
<th>Ideas submitted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 4 Funding</td>
<td>35</td>
<td>18</td>
<td>41</td>
</tr>
<tr>
<td>Stimulus/ARRA</td>
<td>300</td>
<td>27</td>
<td>39</td>
</tr>
<tr>
<td>Renewal</td>
<td>7500</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Open Proposal</td>
<td>7500++</td>
<td>28</td>
<td>290</td>
</tr>
</tbody>
</table>
Open Proposals – How We Did

Number of applications by School

- CTSI: 7%
- Medicine: 14%
- Pharmacy: 79%

Breakdown of applicants by title

- Professor*: 15
- Postdoc Scholar: 4
- Assistant Researcher: 1
- Administration**: 6
- Student: 2
Open Proposals – How We Did

- Withdrawal
- Iteration and improvement of proposals based on comments
Open Proposals – How We Did

Comment

Submitted by Daniel Lowenstein on February 21, 2012 - 11:55pm.
I think this is a GREAT idea! Clearly provides for a need encountered in many clinical trials, and should be self-sustaining with the right support model (charging a modest fee to users). However, are you sure this is not already available? I happened to come across the following two sites which, at least superficially, may be providing a similar service:
http://www.randomize.net/?gclid=CNHJjP3_sK4CFeYERQodTCOsRw http://www.randomizer.at/

Author

One commenter gave us 2 web sites that were already set up to do what we had proposed. Thanks for the referrals. We were not aware of them before and had not found them on our search.

These are indeed usable platforms for randomizing patients in clinical trials. I have tested them out and they provide just the system that we were proposing to create. The prices are not unreasonable either: one system is better for smaller studies (http://www.randomizer.at) (start up cost is $600 for first 50 enrollees and then $5/ additional enrollee; the other system (http://www.randomize.net) has a flat fee of $2500 and is independent of the size of the enrollment (good for large studies).

It would be a good idea if the CTSI could post these web addresses on the CTSI web site resource page to alert investigators that there are inexpensive randomizer sites available for their studies.

We will withdraw our proposal.
Present:  Kirsten Bibbins-Domingo, John Fahy, Carl Grunfeld, Jackie Maher, Mike McCune, Bob Nussbaum, Bill Seaman (Chair), Mike Shlipak, Suzanne Sutton, Louise Walters, Art Weiss

Promotions Criteria

We continued our discussion from our last meeting about how the promotions criteria for the Department might be changed to include recognition of collaborative research efforts. Talmadge King confirmed that this topic is appropriate for the Council to deliberate and make suggestions on. He added that the Executive Promotions Committee does actively take into consideration collaborative research as part of the accomplishments of the individual when recommending the person for promotion. It was added that these individuals also often have other accomplishments.

Action Items

The Open Forum will be incorporated into the RFA by which proposals must be submitted. It will be optional for applicants to comment on other proposals.

A July meeting may be scheduled based on everyone's availability so that we may continue our discussion about promotions criteria.

Future Meetings

Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Department of Medicine
Research Council Meeting
September 12, 2012

Present: Mark Anderson, Kirsten Bibbins-Domingo, John Fahy, Carl Grunfeld, Jackie Maher, Bob Nussbaum, Bill Seaman (Chair), Mike Shlipak (by phone), Ida Sim, Suzanne Sutton, Art Weiss. Excused: Mike McCune, Marguerite Lightfoot, Louise Walter

The Research Council met in a special session to discuss the priorities for the coming year. There was unanimous opinion that a single, overarching concern should occupy most of our efforts over the coming year: the need to create a community of physician scientists, at the least within the Department of Medicine and preferably beyond it. This community could perhaps be called the UCSF ‘College’ of Physician Scientists. Regardless of its name though, it should broadly integrate the work of physician scientists, both horizontally (across divisions, sites, disciplines, and departments) and vertically (from the MSTP and Molecular Medicine programs through fellowship and then faculty recruitment and retention).

The organization should be more than titular. It should include space, administrative structure, and independent funding. The organization should provide a “home” for physician scientists at all levels. To meet this, it would be best to build this at least at the level of the School of Medicine, if not at the level of the Chancellor. Two related UCSF organizations were discussed:

1. BMS and PIBS. Although these are amalgamations of departmental efforts, they strive to build broader programs, and admission of students to the programs is not department-specific. Clinical programs will be more constrained in terms of joint recruitment of trainees, but they could share training and research efforts.

2. CTSI. The CTSI provides for clinical scientists some of the support that is sought for all physician scientists, and which is particularly lacking for bench scientists. There was comment about building a ‘CTSI for bench scientists,’ but broader initiatives were discussed.

The importance of integrating research disciplines was discussed, supporting efforts that would encourage collaboration and would include basic scientists in the conduct of translational/clinical studies.

To accomplish these goals, it would be useful to begin integrating programs for physician scientists, especially (though not exclusively) bench scientists across the department. Recruitment of bench scientists, for example, could be at the level of the department rather than at the level of the division, and scientists could work
across divisions if not also departments. It may even prove useful to recruit at a level higher than the department, but this is a place to start, and recruitments could be done in partnership with other departments and ORUs.

As part of this effort, we should integrate our efforts in training, beginning at the level of medical school admission and progressing through internship selection and fellowship selection. While we cannot bind trainees to a course of study, we can increase the importance of scientific pursuit in our admissions processes, and we can foster the development of trainees.

There was discussion of the role of K Awards and whether there should be more centralized planning for submission of awards and support of awardees.

Barriers to this plan are substantial, including funding, leadership, and buy-in by faculty and others. Funding could be a ‘hybrid’, blending funds from different sources. The creation of the organization would also facilitate fundraising, as it has for BMS and PIBS.

At the October meeting, Mike McCune and Bob Nussbaum will present their recommendations regarding the criteria for promotion. Talmadge King will join us for at the November meeting, and we will focus primarily on the topic above, the home for the physician scientists. In December, Mark Anderson and Bob Nussbaum will discuss the MSTP and Molecular Medicine Programs, respectively.
Department of Medicine  
Research Council Meeting  
October 9, 2012

Present: Mark Anderson, Kirsten Bibbins-Domingo, Jackie Maher, Mike McCune, Bill Seaman (Chair), Mike Shlipak, Suzanne Sutton, Louise Walters

Promotions Criteria

Mike McCune presented a revision of Medicine’s Promotions Criteria that he and Bob Nussbaum drafted. The revisions are in response to previous discussions by the Council regarding the need for the promotions criteria to promote collaborative research and to accurately reflect the criteria that are currently applied in evaluations for promotions. The intent is for a final revision to be presented to Talmadge for discussion at the Department’s Execution Promotions Committee (EPC). The Council agreed that creative research remains essential for promotion, but it concluded that the published criteria may discourage collaboration by emphasizing research done independently of colleagues. While this facilitates evaluation of independence, it may not recognize the importance of team research. To alter this emphasis, the revised criteria suggest revisions in several areas.

- Publications that include a mentor as an author should be considered, especially where the contributions of the candidate are independent and creative.
- Assessment of the contributions of authors to published work should go beyond acknowledging first and last authorship. The actual contribution to the work and the importance of that contribution should be assessed regardless of authorship position.
- Grant support from sources that fund collaborative research, including commercial sources, should be included in considering promotion.

These objectives remain grounded in the philosophy that creative scholarship should be the final arbiter of whether someone should be promoted or not. However, creative scholarship needs to be defined, and the draft leaves the determination to specific cases. It was noted that it may be helpful to include specific examples of methodological contributions or “niche” science to provide both candidates and reviewers a common view of the criteria and the review process.

It was noted that whatever changes are incorporated in the promotions criteria, instructions to referees will be needed to implement the new policy and principles.

Action Items

Mike McCune will draft another revision based upon our discussion to circulate for comments amongst the Council.
Future Meetings (location to be determined):

Monday, November 5, 2012  
Tuesday, December 11, 2012  
Monday, January 14, 2013  
Tuesday, February 12, 2013  
Monday, March 11, 2013  
Tuesday, April 9, 2013  
Monday, May 13, 2013  
Tuesday, June 11, 2013
Department of Medicine  
Research Council Meeting  
December 11, 2012

Present: Kirsten Bobbins-Domingo, John Fahy, Carl Grunfeld, Marguerite Lightfoot, Jackie Maher, Mike McCune, Bob Nussbaum, Bill Seaman (Chair), Mike Shlipak, Ida Sim, Suzanne Sutton, Louise Walter, Art Weiss

Molecular Medicine

Bob Nussbaum presented on the current state of Molecular Medicine (MM). He was asked to provide an overview of the program as the Council considers how to structure the College of Physician Scientists and increase the number of physician scientists recruited in the department.

- MM is part of the campus wide Pathways to Discovery Program. The other 4 pathways are Global Health, Clinical Translational, Health and Society, and Health Professional Education. Pathways is a mechanism to allow medical students to focus on areas beyond their current curriculum.
- So far, only Medicine and Pediatric residents are participating in MM. Other clinical departments feel they already have the physician scientist training under control. In some departments, residents also have difficult schedules that preclude them from participating.
- Criteria for considering interested residents are that they have an MD/PhD or substantial laboratory experience, have published a first author paper in a peer-reviewed journal, and/or have an excellent reference letter from their research mentor. Annually, there are approximately 18-24 medical and 16 pediatrics residency applicants that fit these criteria.
- The lure of accepting an MM position is that the resident will be offered a fellowship of their choice. This, however, is not much of an incentive because the candidate usually has a pick of where s/he wants to go, there is now a match, and the fellowship selection process is decentralized by each division. Most residents want to go into HemOnc but there are limited fellowship slots.
- Medicine MM residents are expected to attend the Journal Club held every other Friday, when they are not on the inpatient service, and to present at least 2 times/year. The Pediatric MM residents usually do not attend the Journal Club and cannot be made to. The topics are usually anchored to a clinical problem.
- Bob’s hosts 3 evening sessions/year at his house, which faculty also attend to provide the residents with networking and mentoring opportunities.
- The major barriers to increasing participation in MM are the following:
- Fragmented, decentralized organization based on piecing together existing components across the campus and between departments.
- Guarantee of fellowship slot is not truly a guarantee. Applicants can choose wherever they want to go and there is now a match.
- Resident scheduling prohibits full participation, including research work in a laboratory because of clinical responsibilities, although some residents have managed to arrange research by not short-tracking.
- Research funding beginning in the fellowship years are patched together based on available resources.
- No continuity of mentoring after entering the fellowship.
- Transition to faculty is an unclear pathway.

Bob was asked how he would use unlimited funds, if they existed. He responded that he would provide each MM resident with an allocation to take with them to their fellowship for technical support, supplies, and/or guaranteed salary support for the first year they are being trained. What would help him most immediately is if he had 30 committed faculty who he could call upon to interview, screen, engage applicants, and mentor the residents throughout their career at UCSF.

It was suggested that engaging the applicants during the interview process with dinner with 2 faculty and 2-3 fellows (ideally previous MM residents) would help to encourage applicants accept offers. It is clear that MM residents join the program in the hopes of being mentored, having opportunities to network, and receiving help to transition to a junior faculty position.

**Future Meetings (location to be determined):**

- Tuesday, February 12, 2013
- Monday, March 11, 2013
- Tuesday, April 9, 2013
- Monday, May 13, 2013
- Tuesday, June 11, 2013