

Dean's Research Council 2021-22 Annual Report

DRC Committee Members, July 2021-June 2022	Elected	Term End Term Exp
**Kurt Denninghoff, MD - Emergency Medicine (2nd term)	6/17	6/22
Tolga Turker, MD – Orthopedic Surgery (2nd term)	6/17	6/22
<i>Srikar Adhikari, MD, MS – Emergency Medicine</i>	6/19	6/22
*Janet Funk, MD – Medicine	6/18	6/23
Maria Altbach, PhD – Medical Imaging (2nd term)	6/18	6/23
Erika Eggers, PhD – Physiology	6/19	6/24
<i>Sai Parthasarathy, MD – Medicine (2nd term)</i>	6/19	6/24 (4/22)
Patrick Ronaldson, PhD – Pharmacology (2nd term)	6/19	6/24
Marlys Witte, MD – Surgery (2nd term)	6/19	6/24
Katalin Gothard, MD, PhD – Physiology	6/20	6/25
<i>Jarrold Mosier, MD – Emergency Medicine</i>	6/20	6/25 (4/22)
Alicia Allen, PhD, MPH – Family and Community Medicine	6/21	6/26
Edita Navratilova, PhD – Pharmacology	6/21	6/26
Rui Chang, PhD - Neurology	10/21	6/23
Zong-Ming Li – Orthopaedic Surgery	2/22	6/26
Ad hoc: Margaret Briehl -Pathology	4/22	6/22
Ad hoc: Daniel Latt-Orthopedic Surg, Biomed Engineering	4/22	6/22
Ex officio: Lauren Zajac, Assoc VP Res Admin UAHS		
Ex officio A. Wertheim, MD, PhD, Vice Dean, Research & Graduate Studies		
Staff: Emily Nickerson, Amy Selegue, Deanna Clary		
*Chair, **Co-Chair , Aug 2021-July 2022; Ex-Officio or Ad Hoc, non-voting		

DRC administration:

DRC membership: Drs. Chang and Li were appointed early in 2020-21 by the Nominating Committee, based on prior COM-T faculty election results, to replace two members who stepped down early. Drs. Briehl and Latt graciously agreed to serve temporarily as *ad hoc* members, filling two additional positions that opened prior to the spring 2022 election. DRC membership composition: Primary department: 66% clinical / 33% basic. Terminal degree: 50% MD/ 50% PhD

DRC Meeting Minutes: DRC-approved minutes from monthly meetings, held via zoom the second Tues of every month, are available to COM-T faculty from the COM-T Research Office upon request.

DRC Activity Highlights:

Peer Review, COM-T Research Awards: DRC members provided peer review for the newly created COM-T Research Award applications (clinical and basic) in July 2021 and again in the spring of 2022.

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COM-T Research Award Review Policy: A DRC subcommittee devised policy recommendations for COM-T research initiatives and awards, focusing on optimization of peer review, which were unanimously adopted by the DRC in October 2021 and submitted to COM-T Research office for recommended use (attached here as Addendum I).

DRC Proposed Action Plan for Strengthening COM-T Research, 2021-22: The DRC worked throughout 2021-22 to develop a proposed action plan to strengthen COM-T research through internal discussions as well as discussions with invited stakeholders. The final document was unanimously approved by the DRC and submitted to the Dean and to all COM-T faculty July 2022 ([available online](#) and attached here as Addendum II).

Future plans: Having received positive feedback from the COM-T Dean on this action report in July 2021, the DRC plans to continue to work with the Dean and with their peers in 2022-23 to facilitate and improve COM-T research, using this report as a guide.

Respectfully submitted 10/7/22 by Janet Funk,
M.D., DRC chair 2021-22 & 2022-23, and Katalin
M. Gothard, M.D., Ph.D., DRC co-chair 2022-23.

ADDENDUM I: (DRC APPROVED & SUBMITTED TO COM-T VICE DEAN OF RESEARCH, October 2021)

COM-T Research Award Review Policies

Requests for Applications (RFAs)

- 1) The Dean's Research Council (DRC) will provide ongoing advice regarding content and goals of new or existing COM-T research awards and programs.
- 2) For new programs, the DRC will review RFAs prior to release for clarity and equity.
- 3) RFAs or other important notices related to research opportunities will be sent directly in independent emails to all COM-T faculty, consistent with COM-T values of diversity, equity and inclusion.

Research Award Review Policies

- 1) All applications will initially be reviewed and organized by COM-T administrators for completeness prior to forwarding to the review committee. Only applications submitted by the deadline will be reviewed.
- 2) Review Committees will be comprised of COM-T or other UA faculty with diverse expertise appropriate to the application, consistent with COI guidelines and COM-T values of diversity, equity and inclusion.
- 3) Non-research faculty with relevant expertise (e.g., clinicians, biostatisticians, and/or other qualified staff) may be included in reviews as warranted, based on program and application, with DRC providing guidance, as needed.
- 4) To help identify appropriate reviewers, applicants will provide the names of two or more potential reviewers, consistent with COI guidelines, and 4-5 key words.
- 5) COM-T will also send out an annual solicitation for COM-T faculty willing to serve as reviewers, whose names and expertise will be added to a database.
- 6) Review committee members will be recruited by COM-T or AHSC Research Offices consistent with COI guidelines, using information provided in the application and UA databases reflecting faculty areas of expertise (e.g., self-identified COM-T faculty reviewers, K-map or Pivot). As needed, DRC can be consulted for advice as to appropriate reviewers.
- 7) As will be stipulated in RFAs, if selected for funding, awardees will agree to serve on future Review Committees if requested.
- 8) A minimum of two faculty will review each application, with three being a preferred, one of whom should not have been recommended by the applicant.
- 9) A minimum of two weeks will be provided for individual reviewers to sign COI statement and complete individual application reviews, with two additional week allowed for scheduled joint meeting of Review Committee panel to discuss all applications (4-weeks total for merit review phase).
- 10) Reviewers will assess specific review criteria included in the RFA and appropriate to the award, which will be numerically scored so that uniform reviews can be assured, with final scores reflecting final scores of entire review panel (omitting those recused for apparent/perceived COI).
- 11) The Review Committee will submit final recommendations to COM-T Dean.
- 12) If programmatic considerations will also impact final COM-T choice of awardees, this will be clearly stated in initial program announcement.

- 13) Relevant elements of COM-T research review policy guidelines will be included in RFAs, with general guidelines also posted on COM-T Research Office website.
- 14) At the end of each calendar year, prior to submission deadlines for UAVitae, a letter from the Dean will be sent to UA faculty who served as COM-T reviewers to acknowledge their service.
- 15) If any applicant has specific concerns about their reviews related to equity or quality, the COM-T Dean will arbitrate on a case by case basis. In addition, these cases will be reviewed by the DRC with the goal of improving COM-T policies.

Conflict of Interest (COI) and Confidentiality

1. All information contained in research applications and associated supplementary document are considered highly confidential and all efforts will be made to ensure the fair, objective and confidential review of each application.
2. Reviewers will be required to sign a COI statement prior to proposal assignment and review, and to ensure the confidentiality of application content and Review Committee discussions.
3. Generally, any prior (3 year) or ongoing collaborations on manuscripts or grants, mentorship roles, primary membership in the same department or division, financial conflicts, or personal or familial relationships are considered COIs. During panel discussions, conflicted reviewers will be recused and released from discussions of applications with which s/he has apparent or perceived COI.

CONFIDENTIALITY AND COI STATEMENT FOR REVIEWER SIGNATURE

All information contained in a grant application and associated supplemental documents are considered highly confidential and all efforts will be made to ensure the fair, objective, and confidential review of each proposal.

Reviewers agree to adhere to strict guidelines to ensure the confidentiality of the content of all grant applications as well as any information conferred during the ensuing panel discussions.

Reviewers will not review individual applications and will be recused during Review Committee panel discussions for applications for which they have apparent or perceived COI, and should notify those administrating the reviews of any apparent or perceived COI prior to start of the merit review process.

Generally, any prior (3 year) or ongoing collaborations on manuscripts or grants, mentorship roles, primary membership in the same department or division, financial conflicts, or personal or familial relationships are considered COIs.

BOILER PLATE LANGUAGE RELATED TO REVIEWS TO BE USED IN RFAs.

Applications will be reviewed according to policies established by the COM-T Dean's Research Council <add link here>, including those related to COI. To facilitate the identification of UA faculty to serve as reviewers, **applicants are requested to provide 4-5 key words, as well as the names of two or more potential UA faculty reviewers who meet COI guidelines** <add link again?>. A minimum of two members of each Review Committee will score each application, at least one of whom cannot be recommended by the applicant, with final scores and recommendations of the entire Review Committee forwarded to the Dean.

<IF PROGRAMATIC ISSUES WILL ALSO GUIDE SELECTION, ADD THIS HERE>

If selected for funding, awardees will agree to serve on future Review Committees, if requested.

ADDENDUM II:

***(DRC APPROVED & SUBMITTED TO COM-T DEAN & FACULTY JULY
2022)***

Proposed Action Plan

for

Strengthening Research at the

University of Arizona

College of Medicine-Tucson (COM-T)

**COM-T Dean's Research Council (DRC)
2021-22 Report**

Introduction

The College of Medicine Dean's Research Counsel (DRC) is a standing committee elected by the voting College of Medicine-Tucson (COM-T) faculty. Because it is a standing committee, DRC governing rules were determined by the Voting Faculty at the time of DRC creation and can only be abolished by a majority vote of the Voting Faculty. The Council is comprised of fifteen faculty members with fully established and active research programs and track records of productivity, serving for a term of five years with at least one-quarter of the members from basic science departments and one-quarter from clinical departments. As per posted information on the [COM-T website](#), the role of the DRC is: 1) to “advise the Dean of the College of Medicine on matters pertaining to the research programs of the College of Medicine (e.g., space, faculty career development awards, core facility funding, faculty start-up funds, conflict of interest, legislation, animal welfare/animal rights, indirect cost recovery policy, technology transfer, interdisciplinary programs, and future strategies)”; and 2) to “develop research policy for the College of Medicine that is disseminated to the research community via the Research Office”.

DRC 2021-22 (FY21) Goals

Consistent with DRC's charter, the DRC at the start of FY21 focused its attention on identifying systemic barriers to research success for COM-T faculty (clinical and basic), followed by the development of strategic aims and actionable solutions to reduce barriers and enhance engagement and research productivity.

DRC 2021-22 Accomplishments

1. Establishment of policy governing review of COM-T research grants and awards

A subcommittee was convened to draft proposed policies governing review of COM-T research grant submissions and research award applications with the goal of standardizing review processes, enhancing transparency, and minimizing conflicts of interest, consistent with good practices and the review policies in other University of Arizona (UA) units. Following discussion and amendment by the full DRC, a final document outlining proposed best practices was adopted by unanimous vote on October 5, 2021 and submitted to the COM-T Deputy Dean for Research with the recommendation that the COM-T adopt the proposed guidelines. Consistent with the guidelines, the DRC stepped away from assuming responsibility for review of COM-T research and award applications with the goal of enhancing transparency and ensuring a wider breadth of expert review, while minimizing any conflicts of interest, perceived or real.

2. Committee structure and organization

A procedure for DRC meeting minutes to be distributed to all members for approval prior to being made available to COM-T faculty upon request was established. The departure of several DRC members due to competing commitments raised questions regarding DRC term limits and vacancies. The DRC uniquely has a 5-year term (vs 2-4 for other COM-T committees). COM-T bylaws governing vacancies in *standing* committees, such as the DRC, are currently absent; rules clarifying whether a partial term service counts as a full term towards the standard consecutive 2-term limit are not spelled out; and bylaws do not address possible exclusions from committee service of faculty with head/chief in their titles. The DRC engaged with the Nominating Committee (NC) to address these issues. The NC solicited input from all committees with > 3-year terms on suggested term limit changes; DRC members favored a reduction from 5-years to 3- or 4-year terms, which was communicated to the NC.

3. Establishment of Action Plan to Strengthen COM-T Research

A working group was created to establish strategic goals. Input from all DRC members was

then solicited throughout the year to identify and discuss possible action items to meet goals, including *ad hoc* members with expertise in different aspects of clinical research and training, and additional stakeholders, such as:

- Dr. Jamie Boehmer, Executive Director for Biomedical, Clinical & Health Sciences Research Development at the UA (RII),
- Dr. Keith Joiner, director of the new Scholarly Projects program, and
- Lauren Zajac, Associate Vice President for Research Administration, Arizona Health Sciences Center.

Additional input and information were sought by DRC members from other resources, including:

- Mariette Marsh, Assistant Vice President, UA Regulatory Affairs and Safety;
- Dave Bruzzese, Executive Director of COM-T Brand Communications;
- Ross DuBois, Manager, COM-T Special Projects;
- Ashley Oliveros, Coordinator Research Events (RII);
- Chante Martin, Assistant Vice President, UA Human Resources; and
- Ed Xia, Assistant Dean, COM-T ITS.

All information obtained was presented and discussed by the DRC. Serious consideration was given to DRC undertaking some proposed actions. However, upon further exploration of required resources, which are not available to the DRC (e.g., dedicated effort, funding, and support staff), and in light of the DRC's essential function as being advisory to the COM-T Dean, the decision was made to report out a proposed action plan for strengthening COM-T research, as described herein, to both the COM-T Dean and the COM-T faculty, whom we represent.

Action Plan

To strengthen COM-T research, overarching strategic goals were identified:

1) To reduce barriers to clinical and translational research specifically faced by clinical faculty.

With respect to clinical faculty, the DRC recognizes that the clinical compensation plan de-incentivizes research efforts and creates significant barriers, some of which COM-T/Banner is working to address. While this overriding issue cannot be easily addressed by a DRC action plan, much can still be done, including:

- streamlining processes and providing infrastructural support for actual research (e.g., optimizing processes based on faculty input; providing user-friendly guides [e.g., webinars] for faculty, particularly those without dedicated support staff, to clarify UA/Banner regulatory pathways; support for EHR research design and implementation); and
- leveraging the expertise of all COM-T faculty via clinical/basic partnerships to create efficiencies to allow for greater research engagement by clinical faculty. By enhancing and valuing clinical faculty research engagement on all levels, not limited to extramurally funded research, the research enterprise and culture of creativity and discovery of the entire COM-T is elevated and our ability to attract—*and retain*—extramurally-funded clinical and translational researchers in whom significant institutional resources are assigned, and to recruit and support research-interested academic clinical faculty will be improved.

2) To strengthen research output for all COM-T faculty by facilitating faculty-to-faculty interactions (e.g., basic/clinical), initiating programmatic and infrastructure reforms to promote research, and optimizing information flow and transparency.

Consistent with the COM-T strategic plan, which acknowledges that a “sense of shared

purpose, shared responsibility and accountability towards a collective destiny" is required to advance the COM-T's tripartite mission, DRC's proposed action plan to strengthen research is focused on enhancing faculty engagement through collaboration and empowerment, and through access to information and improved research and programmatic resources.

To address these related overarching aims, the DRC proposes the following actionable items:

1. Cultivate faculty collaborations, including basic/clinical partnerships
 - Organize and support (via COM-T and/or RII) disease-based or topical workshops/working groups to forge new partnerships, particularly in areas for which extramural funding opportunities can be identified and complementary UA expertise with diverse strengths, involving both basic and clinical faculty, is available but underdeveloped.
 - Examples of possible topics: Obesity/metabolic disorders/diabetes; musculoskeletal diseases; AI; role of reproductive hormones in health and disease; drug discovery and novel formulations
 - Questionairium sessions or segments in other COM-T faculty meetings: Faculty present/share short statement of their primary research question (no data) to jump start novel interactions with minimal time commitment; data can be curated and made searchable. Or other "match-making" events.
 - Leverage and share existing faculty and researcher expertise for practical "How-To" faculty-led panels/workshops related to the *conduct* of research (not regulatory aspects), curating sessions to be readily available online. Topics could include:
 - EHR-based projects,
 - case reports,
 - support for new investigators or basic scientists new to clinical settings,
 - navigating NIH/NSF reviews,
 - how to prepare study protocols and study documents for clinical research,
 - submitting NIH supplements,
 - writing training grants,
 - REDcaps use for observational studies or surveys, etc.
 - with a focus on the conduct of research, not regulatory aspects. Curate sessions and make them available online.
 - Seminar series for clinical researchers in need of practical training: see UACC CRTEC Clinical Research Training Series as a model.
 - Seed funding for clinical/basic partnerships or topic-based collaborations; See UACC grants program as a model.
 - Bridge funding and "within reach" funding for high scoring but unfunded proposals.
 - Solicit (and act on) information from faculty on unmet needs/perceived barriers to develop additional actionable items using:
 - Online surveys;
 - COM-T faculty meetings;
 - Apps;
 - Focus groups/listening sessions/moderated discussions [department-based or other];
 - Exit interviews (e.g., deidentified data from Faculty Affairs)

- A survey of research-inactive clinical faculty to ascertain and identify those interested in being research active and barriers to same would be an important part of this exercise.

2. Infrastructure creation/reforms

- EHR based research: mid-level research staff to design/assist with conduct of research
 - Example: invite [Vanderbilt Clinical Informatics Center](#) as model for how to use core services to bridge the gap between operational IT and researchers to help design EHR-based studies/extract EHR data, etc.).
 - Dedicate AHSC / COM-T resources to support this enterprise, which has the potential to expand the quality and quantity of clinical research (e.g., for mentoring of Scholarly Projects), as well as the cadre of research-active clinical faculty, by facilitating and streamlining the conduct of retrospective/prospective observational clinical studies.
 - Acquire Patient Reported Outcomes software to enhance EHR-based research capabilities.
- Clinical Research
 - COM Clinical [Research](#) Incubation Center- research staff to assist faculty with design, regulatory approval, obtaining funding, conducting research. Staff would include biostatisticians, EMR research support staff (as above), regulatory coordinators, grant writers, and staff with expertise in project management.
 - Streamline the process of expedited regulatory review for retrospective clinical studies and observational prospective studies.
 - Acquire and provide ongoing support for an EHR-integrated easy to use Patient Reported Outcomes research platform. This software must be fully integrated with the EHR so that clinicians can easily create studies, select patients from clinic based on diagnosis, send out questionnaires, evaluate results, aggregate, and analyze data. An example of such a platform is Patient IQ. (<https://www.patientiq.io/>)
 - The development of these resources would enable more of the clinical faculty to get involved in clinical outcomes research which would create mentors and projects to satisfy the need of the scholarly projects.
- Develop/maintain searchable online platform of COM-T faculty research interests:
 - Unlike current K-Map, faculty research *interests* as well as research *activities* (e.g., via biosketches, CVs, lab, or faculty webpages, etc.) would both be captured to highlight evolving research interests and promote interdisciplinary research collaboration within COM-T.
 - This information would be disseminated via the searchable database, as well as associated content. The online platform can include database access, information, newsletters, and interactive online forums with extension of phone app for prompt and easy communications among PIs. Biomed Communications can establish this @ a cost of approximately \$2000 for start-up and \$350 annually to maintain, depending on the number of users. However, dedicated support is also required to maintain/update content.
- COM-T Research website: build out. Most UAHS research-related websites focus on research regulations. A COM-T research website could be built to include more general information as a go-to resource related to the *conduct* of

research, including links to recorded “how to” panel discussions/workshops (as described above), link to [K-MAP](#), posting of current COM-T-specific research opportunities and other COM-T research-relevant content (i.e., posting COM-T review policies/guidelines to enhance transparency).

- New 2023 NIH data sharing policy: develop/provide resources to assist faculty with actual data transfer and storage, addressing issues unique to basic vs clinical datasets.
- Build upon outcomes/discussions from faculty “how to” workshops (see below) to inform, streamline and create efficiencies in conduct of a variety of types of clinical research (e.g., infrastructure for creation of study documents, assistance with regulatory approvals, accessing biostatistical support, curated information from UA faculty on research use of clinical laboratories), as well as EHR-based research. This will be beneficial for clinical faculty with limited time and experience.
- Address needs identified in faculty surveys and “how to” workshops to support any additional “hardscape” infrastructure, particularly for clinical research (e.g., create wet lab “cores” to support clinical researchers, a model CON has used, or leverage existing cores [e.g., in UACC] by providing additional COM-T support).

2. Programmatic reforms

- Scholarly projects (SP): solicit faculty input to assist with establishing infrastructure and resources required to sustain meaningful projects for 400+ students concurrently (i.e., COM-T faculty programmatic oversight committees are sufficient to monitor < 100 students/projects (e.g., MSRP, GIDPs); a different approach and associated resources are needed for >400). Leverage SP program to foster a culture of creative discovery, including the build out of necessary clinical research infrastructure (e.g., for conduct EHR-based research, biostatistical analyses, as described above), to benefit both students and faculty, most particularly clinical faculty with limited time and resources available for research.
- T32 Training grants: actively support the development / submission of programmatic T32 training grants, which will also enhance / support collaborative research programs
- Clinical research regulatory burdens: solicit input from users on how best to streamline and identify bottle necks, including intradepartmental review of unfunded clinical proposals (e.g., see FCM for a working model).
- MD/PhD training program: leverage better to connect basic/clinical faculty and help build out robust translational projects
- Faculty research awards: increase number of awards, as well as the diversity of topics, to better recognize research contributions, help support career progression
 - In addition to current subjective/competitive awards (e.g., one basic and one clinical research award for Assistant or Associate Professors), create additional award categories (e.g., separate awards for Assistant vs Associate Professors), some of which could also be based on objective milestone achievements (i.e., first NIH award, specific level of extramural funding or number of extramural grants as PI). Applicants “within reach” of specific COM-T awards or research grants should receive feedback and be specifically encouraged to reapply.
 - Review of these awards could be done by the Honors and Awards

- committee or other appropriate committees or could be administered departmentally based on standardized COM-T criteria.
 - COM-T faculty meetings: revise structure to enhance faculty participation/leverage the meetings as a resource to increase collaborative engagement
 - Structural: faculty-run (must be dean-designated unless bylaws changed), topical, with townhall forums/break-out sessions
 - Content: minimize announcements, maximize dialog to facilitate engagement. Solicit COM-T faculty committees for suggested topics. Include invited speakers to stimulate discussion (e.g., [Dashun Wang, PhD, Professor of Management and Operations, Northwestern U](#), who has mined large datasets to reveal how scientific careers unfold, collaborations contribute to discovery and scientific progress emerges).
3. Improve transparency and communication and/or establish policies regarding:
- IDC distribution: the process for distributing and using IDCs generated by COM-T faculty should be transparent and well known.
 - COM-T salary support for non-clinical translational researchers in clinical departments:
 - Extramural funding alone is insufficient to build and sustain individual researchers or successful translational programs, particularly in units lacking a critical mass of clinician scientists.
 - UA-mandated salary increases include extramurally funded COM-T faculty in HR discussions/planning and improve timely communication to minimize adverse impact on extramural research projects
 - COM-T research-related communications with faculty: support DEI goals by ensuring direct communication with all faculty (i.e., *not* via department/division heads) for key research opportunities/information (e.g., from COM-T Research office and/or DRC). Consider instituting a UAHS-research calendar.
 - K-MAP: many COM-T faculty are not aware of this resource. Can [post link](#) on COM-T Research website or proposed online faculty-to-faculty platform if either of these are created.
 - Consider “public comment” periods for COM-T faculty with posting of new proposed research policies or programs prior to adoption, as well as sharing of specific information used to develop policies (i.e., [reports submitted to and received from LCME etc.](#)).
 - COM-T reviews of grants and awards: best practices for review, consistent with those recommended by DRC and used in other UA units, should be adopted, posted, and followed, including specific policies related to conflicts of interest.

Conclusion

This list is not exhaustive but provides a general roadmap for a series of incremental, but actionable items that research-active MD and/or PhD DRC members, as representatives the COM-T faculty, believe could help strengthen COM-T research if adopted and supported by COM-T leadership. Adoption of these elements could enhance overall faculty engagement, creating cultural shifts, supported by specific infrastructure and programs, with the goal of sustaining a rising tide of research that would lift all boats.