DRC Committee Members, July 2022-June 2023

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Elected</th>
<th>Term End Exp</th>
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<tbody>
<tr>
<td>*Janet Funk, MD</td>
<td>Medicine</td>
<td>6/18</td>
<td>6/23</td>
</tr>
<tr>
<td>Maria Altbach, PhD</td>
<td>Medical Imaging</td>
<td>6/18</td>
<td>6/23</td>
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<tr>
<td>Rui Chang, PhD</td>
<td>Neurology</td>
<td>10/21</td>
<td>6/23</td>
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<tr>
<td>Erika Eggers, PhD</td>
<td>Physiology</td>
<td>6/19</td>
<td>6/24</td>
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<tr>
<td>Patrick Ronaldson, PhD</td>
<td>Pharmacology (2nd term)</td>
<td>6/19</td>
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<tr>
<td>Marlys Witte, MD</td>
<td>Surgery (2nd term)</td>
<td>6/19</td>
<td>6/24</td>
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<tr>
<td>Fei Yin, PhD</td>
<td>Pharmacology</td>
<td>6/22</td>
<td>6/24</td>
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<tr>
<td>**Katalin Gothard, MD, PhD</td>
<td>Physiology</td>
<td>6/20</td>
<td>6/25</td>
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<tr>
<td>Tolga Turker, MD</td>
<td>Orthopaedic Surgery (2nd term)</td>
<td>6/22</td>
<td>6/25</td>
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<tr>
<td>Alicia Allen, PhD</td>
<td>Medical Imaging</td>
<td>6/21</td>
<td>6/26</td>
</tr>
<tr>
<td>Edita Navratilova, PhD</td>
<td>Physiology</td>
<td>6/21</td>
<td>6/26</td>
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<td>Zong-Ming Li, PhD</td>
<td>Orthopaedic Surgery</td>
<td>2/22</td>
<td>6/26</td>
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<tr>
<td>Marvin Slepian, MD</td>
<td>Medicine</td>
<td>6/22</td>
<td>6/27</td>
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<td>John Purdy, PhD</td>
<td>Immunobiology</td>
<td>6/22</td>
<td>6/27</td>
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<tr>
<td>David Margolis, MD, PhD</td>
<td>Orthopaedic Surgery</td>
<td>6/22</td>
<td>6/27</td>
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Ex officio: Lauren Zajac, Assoc VP Res Admin UAHS
Ex officio Jason Wertheim, MD, PhD, Vice Dean, Research & Graduate Studies
Staff: Deanna Clary, Sonia Nieves

*Chair, **Co-Chair, July 2022-June 2023; Ex-Officio or Ad Hoc, non-voting

DRC administration:

DRC membership: Drs. Margolis, Purdy, and Slepian were elected by COM-T faculty election in Spring 2022 voting to serve 5-year terms. Drs. Yin and Tucker were elected to replace members that left the committee in the prior year. DRC membership composition: Primary department: 60% clinical; 40% basic sciences. Terminal degree: 27% MD; 60% PhD; 13% MD, 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:

Career Track Title Harmonization: DRC members became aware of the elimination of the Research Scholar Track when proposed COM-T bylaw changes were circulated in October of 2022 bringing to light the elimination of this track in July 2022. All three Scholar Tracks were at risk of elimination from the proposed changes. The co-chairs of the DRC drafted a letter to the Provost (Addendum I) that was unanimously approved by the COM-T DRC members advocating for maintenance of the current tracks and titles. This well-researched letter involved a discussion of the logic behind the current Promotion and Tenure Guidelines, a comparison of proposed system to other public Universities, and a discussion of how the proposed changes
raised numerous concerns unique to COM-T. Currently, further discussion and implementation of title changes has been delayed by the Office of the Provost to allow time for additional review. Our committee will continue to monitor any discussion related to changes of current tracks and titles within the COM-T.

COM-T Faculty Survey: The DRC developed a faculty survey for the COM-T to gauge interest/current participation in research and identify perceived barriers basic science, clinical and translational research. Streamlining regulations and operational support (for regulatory, EHR, clinical trials) were top concerns. Bridge funding was also noted as a top priority. The DRC also discussed timeline for clinical trial approvals. It was found that approval process for clinical research conducted outside of Banner were swift (< 60 days) while those seeking Banner approval were a barrier (>200 days). The survey results (Addendum II) and a summary of written comments from faculty (Addendum III) are included in the report. The survey had a response rate over 10% (167/1455 faculty responded) and identified key domains that could be addressed to further advance the COM-T research mission. A preliminary report was presented to the Office of the Dean.

DRC Proposed Action Plan for Strengthening COM-T Research, 2022: The DRC worked throughout 2021-2022 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 IV). In light of the faculty survey completed in 2023, the DRC will be working to amend the 2022 proposed action plan with updated actionable recommendations in 2024.

IDC Funds: The DRC had extensive discussions of IDC fund allocation throughout the year. David Elmer, Associate Vice President for Finance and Business Affairs UAHS, met with the DRC. Jason Marr, Deputy Dean of Finance and Business Affairs at COM-T, presented the College’s new Budget Model called “Supporting Sustainable Success.” The DRC viewed the plan to provide the IDC to the unit generating the funds as a positive direction. However, the fact that COM-T will only receive 25% of IDC funds under the University’s new AIB Budget Model was viewed as less satisfactory. The DRC also discussed the 2% IDC funds to PI and if this should come from the IDC funds that flow to the College or Unit. The primary purpose of these discussions was making fund allocation transparent and advocating for return of IDC funds to the PI from the central administration instead of the department. This is an ongoing issue that will be addressed in 2023-2024.

HR Mandated Salary Increases: The DRC members raised concerns that HR mandated salary increases were rapidly implemented in a manner that did not allow researchers to easily cover the costs. In order to continue performing research with the necessary staff member the funded came from PI reducing their % effort on funded grants or elimination of research staff positions. This was both due to the implementation of mandatory raises and because sponsored projects did not allow for planned cost of living increases when submitting grants. Secondary to conversations with HR and sponsored projects an annual 2.5% cost of living increase will now be allowed on grant submissions.

Transfer of Occupational Health (OH) Research Related Costs to PIs: OH has recently implemented a policy of transferring the costs of services rendered to PI’s, while it was previously covered by IDC funds. The DRC has raises concerns to RLSS and OH that the rapid implementation of this change has not allowed PI’s to plan for this in their budgets. In addition, this change presents a significant barrier to the University’s goal of supporting student research.
This is an ongoing issue that will be addressed in 2023-2024.

DRC Status: The DRC is a Standing Committee with members elected to 5-year terms. The DRC worked with the Office of Faculty Affairs to clarify the rules and charge of the council. The council voted to proceed with the process of becoming a Permanent Committee and moving from 5-year to 3-year terms to align with most of the other COM-T Committees. The DRC will continue to work with Faculty Affairs to request these changes in 2023-2024.

Future plans: The DRC plans to continue addressing IDC transparency and cost shifting of previously covered services (such as OH). Additional plans include developing action plans to address the most commonly encountered barriers to increasing research summarized in the faculty survey and switching the DRC from a standing to a permanent committee. Significant issues that were not adequately addressed last year include lab space justification, IRB approval and EHR reviews with Banner.

ADDENDUM I:
Letter to the Provost Regarding Consolidation of Career Tracks

December 1, 2022

Liesel Folks, Ph.D.
Senior Vice President for Academic Affairs and Provost
Professor, Electrical & Computer Engineering
The University of Arizona

Dear Provost Folks:

The College of Medicine-Tucson (COM-T) Dean’s Research Council (DRC) is writing this letter to register our concern and request a pause for plans to consolidate COM-T career track faculty into three university-wide tracks, a smaller number of tracks as compared to peer public universities with colleges of medicine.1 3 We are particularly concerned about the recent elimination of the Research Scholar Track in the College of Medicine-Tucson (COM-T).

This matter came to our attention when proposed COM-T bylaw changes eliminating language related to the Research Scholar track were circulated in late October, bringing to light the elimination of this track in July 2022, an action previously unknown to most COM-T voting faculty.

The UA career track harmonization project raises numerous concerns unique to COM-T as we are a college primarily dedicated to the education of graduate and post-graduate students where 92% of faculty hold appointments in clinical departments that bring in the bulk of COM-T research dollars ($207 million in annual research dollars over the last 3 years, representing 62% of COM-T extramural funding).4 5 Key to this discussion is that the vast majority of all COM-T faculty (87%) hold career-track positions, contrasting with 26% for the UA as a whole.6

Moreover, women (41% of COM-T faculty) and those who do not self-identify as white (56% of COM-T faculty) are underrepresented among COM-T tenured/tenure eligible faculty who are 70% male with 70% self-identifying as white.7 Thus, any proposed changes to existing COM-T career tracks must also be examined through an equity lens; to our knowledge, this had not yet been done.

As an advisory committee dedicated to improving and maintaining COM-T research, we would specifically like to focus on adverse consequences of recent COM-T research career track changes.

Firstly, as concisely described by Dr. Anne Wright, former Senior Associate Dean of COM-T Faculty Affairs in her recent email to Dean Abecassis (see Addendum, attached with Dr. Wright’s permission), we would like to emphasize that COM-T Scholar vs Series tracks, including tracks for research faculty, were developed after three years of study and COM-T faculty engagement, including consultation with departmental P&T committees. These tracks, which were adopted by COM-T faculty vote in 2010, were developed for specific and distinct purposes unique to the COM and have been used since that time for hiring and promotion. Thus, elimination of the Research Scholar track, which included independent researchers who were hired into and accepted positions specific to this track, resulted in the demotion of these faculty to a lesser track without justification. We would respectfully suggest that this change is not in keeping with the stated goals of UA career track harmonization “to facilitate appropriate recognition of the contributions of career track faculty and to improve institutional culture”.8

Importantly, because COM-T Research Scholars were demoted into the COM-T Research Series track, which also includes non-UA employed courtesy faculty (as is also true for other...
COM-T Series tracks), this is not a career track as defined by the UA: “Career-track is also not used with courtesy or joint titles, as these are secondary titles that do not constitute a career”.6

Similarly, the Dean’s Council Update on Harmonization, describing Approved Titles and Current UAHAP Definitions for Career Track Faculty, specifically states that “Research Professor” denotes “career-track, visiting, or adjunct faculty employees”.7 As UA-defined, there is no current COM-T title specifically defining and distinguishing UA career-track research faculty.

ABOR defines research professor as: “a non-tenured, non-tenure eligible faculty member who has established himself or herself by expertise, achievements and reputation over a sustained period of time to be a distinguished scholar and a researcher but who may not have substantial academic experience. The primary responsibilities of this position are to engage in, be responsible for or oversee a significant area of research or scholarship in a manner that advances the mission of the university in a significant and substantial way”.8 Thus, as ABOR defined, this title does not match the responsibilities of the COM-T Research Scholar track, which requires a higher level of scholarship than the lower Series track and includes independently funded researchers who may also maintain substantive teaching and service responsibilities.

To our understanding, it is also concerning that COM-T Research Scholar professors were notified of their demotions by receipt of automated emails indicating that they had been moved into the Research Series, without an opportunity to raise concerns and discuss implications of this change. This process was also not in keeping with UA career harmonization guidelines or stated goals.6

We understand the reasoning behind the UA harmonization project given the apparent use of 235 distinct career track titles, which can complicate salary equity determinations.6 However, the COM-T has successfully assessed salary equity using national standards, applying these to our existing 2010 COM-T Scholar/Series career tracks. In fact, these tracks and associated titles were established with the same goal as that of the harmonization process, as well as to acknowledge the diverse and unique contributions of COM-T faculty given concerns with prior titles and tracks. Thus, COM-T faculty have a unique experience base that can help inform COM-T and UA-wide initiatives aiming to acknowledge the diverse and important contributions of career track faculty, tenured faculty, other non-tenured non-career faculty, and non-UA employed partners with courtesy faculty titles. For example, as the COM-T has gone through several iterations of career track research titles (e.g., Associate Professor, Research Scholar track; Research Associate Professor; Associate Research Professor), we are aware of limitations associated with titles including “research” modifiers, which can adversely affect reviews of external biomedical grant proposals and thus reduce COM-T research funding and Research Scholar success. UA faculty harmonization committees may not have been aware of these issues, or of the well-defined COM-T career track structure and history, as only 2 of 44 harmonization committee slots were filled by COM-T faculty (one tenured department head and one Education Scholar).6 Indeed, it also does not appear that any UA career track research (or clinical) faculty were included in this process.6

For all the above reasons and considering continued discussions related to other COM-T Scholar tracks, we would respectfully suggest a pause in COM-T career track changes (and reconsideration of Research Scholar track elimination) until a wholistic assessment of career tracks and equity within the COM-T can be undertaken in a comprehensive fashion. We would suggest that COM-T faculty be actively included in this process, which need not be protracted and will likely yield improved outcomes.
Considering all the challenges that institutions of higher education are currently facing, we respectfully suggest that a more measured approach to career track harmonization within the COM-T at this time will be beneficial on many levels, as we all work together using both equity and health equity lenses to improve COM-T institutional culture and optimize our shared goal of scholarship, research, and teaching excellence at the University of Arizona.

Sincerely,

Janet Funk, M.D.  
Professor, Medicine and Nutritional Sciences  
Co-Chair, Dean's Research Council

Katalin Gothard, M.D., Ph.D.  
Professor, Physiology, Neurology, & Neuroscience  
Co-Chair, Dean's Research Council

Sent with the unanimous approval of the COM-T Dean's Research Council:
Maria Aitbach, PhD, Professor of Medical Imaging and Biomedical Engineering  
Alicia Allen, PhD, MPH, Professor of Family & Community Medicine and Public Health  
Rui Chang, PhD, Associate Professor of Neurology  
Erika Eggars, PhD, Professor of Physiology and Biomedical Engineering  
Janet Funk, MD, Professor of Medicine and Nutritional Sciences & Wellness  
Katalin Gothard, MD, PhD, Professor of Physiology, Neurology, & Neuroscience  
Zong-Ming Li, PhD, Professor of Orthopaedic Surgery and Biomedical Engineering  
David Margolis, MD, PhD, Assistant Professor of Orthopaedic Surgery, Biomedical Engineering  
Edita Navratilova, PhD, Assistant Professor of Pharmacology  
John Purdy, PhD, Associate Professor of Immunobiology  
Patrick Ronaldson, PhD, Professor of Pharmacology and Neuroscience  
Marvin Sleipan, MD, Regents’ Professor, Professor of Medicine and Biomedical Engineering  
Tolga Turk, MD, Associate Professor of Surgery (Clinical Scholar Track)  
Marlys Witte, MD, Professor of Surgery, Neurosurgery, and Pediatrics  
Fei Yin, PhD, Assistant Professor of Pharmacology and Neuroscience

Citations:
4. COM-T Faculty Affairs data, available upon request.
5. UAH research administration data, available upon request.
8. Section 6-201: https://www.azregents.edu/policy-manual/?page=1499260

Cc: Andrea Romero, PhD, Vice Provost for Faculty Affairs, The University of Arizona; Michael M. I. Abecasis MD, MBA, Dean, College of Medicine-Tucson; Bruce M. Coull, MD, Vice Dean, Faculty Affairs, College of Medicine-Tucson; Alice Min Simpkins, MD, Associate Dean, Career Development, College of Medicine-Tucson; Anne Cress, PhD, Vice Dean, Operations and Strategy, College of Medicine-Tucson

Addendum attached
Addendum:

From: "Wright, Anne L - (wrightal)" <wrightal@arizona.edu>
Subject: Research Scholar track and Bylaws vote
Date: October 28, 2022, at 9:24:23 AM MST
To: "Abecassis, Michael M I - (mabecassis)" <mabecassis@arizona.edu>

Dear Dean Abecassis,

At the General Faculty meeting yesterday, it occurred to me that you may not know the logic behind or the history of the College of Medicine Promotion and Tenure Guidelines which created the different scholar tracks. This logic is important because, if you want to argue in favor of keeping the clinical scholar track, eliminating the research scholar track could undermine those efforts.

By way of background, we spent several years discussing and modifying the tracks and titles so that the diverse contributions of our faculty could be recognized and rewarded. This involved creating four scholarly tracks and three other tracks and carefully articulating the different criteria for promotion for each track.

The primary impetus for the new title series came from clinicians who were employed by the University, contributed to our research, education, and clinical missions but whose titles were the same as those of the full-time clinician in the community who did no research and rarely supervised trainees. Our clinicians wanted to be recognized with an unmodified title, the same as tenure track faculty. Similarly, those of us who were funded entirely by grants but still managed to contribute to the education and service missions of the college and had national/international recognition wanted to be distinguished from research faculty who were not independent investigators. And finally, there were educators who created and evaluated curricula and published in education journals that should be distinguished from lecturers with no scholarly publications or contributions beyond the classroom. None of us qualified for the tenure track at the University level, which distinguishes tenure track faculty from everyone else, by definition creating a hierarchy that diminishes the contributions of the non-tenure eligible.

Changing titles and expectations for promotion was a year-long process that entailed obtaining extensive input from faculty who developed the expectations for promotion on each track that were then clarified and standardized by the COM Promotion and Tenure committee. This effort was originally led by Phil Malan, the Vice Dean for Academic Affairs and, after Phil left the University, by me, as Associate Dean for Faculty Affairs. After extensive discussion in multiple meetings with faculty, the new guidelines were overwhelmingly approved by faculty vote in 2010.

This approach has served the college well, even in the face of huge changes such as the affiliation with Banner. There is a consistent message that we value and reward excellence of different types with expectations for each title series laid out in the workload assignment when a faculty member is hired and articulated in the guidelines for promotion. To attract and retain faculty, colleges of medicine need to recognize and reward the varied contributions of outstanding clinicians, researchers and educators and not diminish their efforts by assigning modified titles based on a rigid university formula that is not applicable to the work we do.

I urge you to remove the changes to the Research Scholar track from the Bylaws modifications being put to faculty vote next week. The implications of eliminating this track need to be extensively discussed with faculty.

Sincerely,

Anne Wright
Anne Wright, PhD
Professor Emerita, Department of Pediatrics and the Asthma and Airway Disease Research Center, University of Arizona College of Medicine
ADDENDUM II:
Summary of Results of COM-T Faculty Survey
PowerPoint Slide Presentation

Dean’s Research Council
Faculty Survey: Results
March 14, 2023

Janet Funk, MD, FACP
Katalin Gothard, MD, PhD
Molly Douglas, MD, FACS
Thanks to Ross Dubois, MS, MEd

Survey Questions: Researcher Type

Which of the following best describes your research activity and interests?
Please check all that apply.

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Translationa l</th>
<th>Basic</th>
</tr>
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<tbody>
<tr>
<td>PI/Co-I?</td>
<td>PI/Co-I?</td>
<td>PI/Co-I?</td>
</tr>
<tr>
<td>Currently active</td>
<td></td>
<td></td>
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<tr>
<td>Interested, but not currently active</td>
<td></td>
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<tr>
<td>Previously active</td>
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Survey Questions: Rank initiatives to enhance research

Which of the following research initiatives could COM-T adopt to best enhance:
1) your own research, or
2) the COM-T research mission?

(please rank your top 4 choices for each category)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Self</th>
<th>COM</th>
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<tbody>
<tr>
<td>1. Streamline regulatory procedures (including at the Banner interface)</td>
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<tr>
<td>2. Provide operational support for completing regulatory procedures (e.g. for faculty with limited time or experience)</td>
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<td>3. Internal “bridge” or “within reach” (for high scoring/unfunded) research funding</td>
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<td>4. EHR-based research operational support (e.g. for EHR search design and access) and/or additional tools (e.g. fully integrated Patient Reported Outcomes software).</td>
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<td>5. Core or flex wet lab space for time-limited research projects, including clinical and/or student projects (e.g. scholarly projects)</td>
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<td>6. Support new faculty working groups to launch extramural proposals/training grants</td>
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<td>7. Operational support for initiating investigator initiated clinical trials (e.g. creating protocols and study forms) and/or identifying pharma trials and becoming trial PI</td>
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<td>8. Seminar series for researchers in need of practical clinical research training (e.g. modeling UACC CRTEC Clinical Research Training Series)</td>
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<td>9. Operational support for research data storage to meet new NIH guidelines</td>
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<td>10. “Questionarium” project to identify and create a searchable database of COM-T faculty “big questions”</td>
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<td>11. More research awards to better recognize COM faculty research achievements at all career stages</td>
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<td>12. Practical faculty-led “how to” workshops related to research conduct (e.g. conducting EMR based projects; navigating NIH/NSF reviews, training grant preparation and strategies, planning and conducting an IRB)</td>
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Results: Response Count

Fewer people used all possible votes when selecting initiatives for COM than for Self

167 responses
~8 possible votes per person
- 4 for COM
- 4 for Self

Max possible vote count for COM or Self:
4 x response count = 512

Max possible score per survey item:
4 x response count = 512
Results: Research domain and engagement level

- **Active**
- **Interested**
- **Previous**

**Domain and Engagement per Respondent**

Respondents may identify across multiple domains and engagement levels

Results: Overall totals

**Total Scores: All Domains and Engagement Levels**

- **First choice - Score = 4**
- **4th choice - Score = 1**
- **Rogue 5th choice - Score = 0.5**

- **Action**
  - Streamline_regs_Banner
  - Op_support_regs
  - Bridge_funding
  - Op_support_EHR_research
  - Op_support_clinical_trials
  - Proposal_workgroup
  - HowTo_workshops
  - Op_support_data_storage_NIH
  - Achievement_awards
  - Core_flex_wet_lab
  - Questionnaire_FAQ_website
  - Seminar_series

**For**

- COM
- Self

**Sum of Score**
Results: By research domain (view 1)

Scores are counted in each domain in which respondents identified.

- First choice - Score = 4
- 4th choice - Score = 1
- Rogue 5th choice - Score = 0.5

Results: By research domain (view 2)

Scores are counted in each domain in which respondents identified.

- First choice - Score = 4
- 4th choice - Score = 1
- Rogue 5th choice - Score = 0.5
Results: By engagement level (view 1)

Scores are counted in each level in which respondents identified.

First choice - Score = 4
4th choice - Score = 1
Rogue 5th choice - Score = 0.5

Results: By engagement level (view 2)

Scores are counted in each level in which respondents identified.

First choice - Score = 4
4th choice - Score = 1
Rogue 5th choice - Score = 0.5

DRC ANNUAL REPORT, submitted September 29, 2023
Results: Overall totals

Total Scores: All Domains and Engagement Levels

- First choice - Score = 4
- 4th choice - Score = 1
- Rogue 5th choice - Score = 0.5

Survey Comments

See Word document

Administrative barriers ........................................................................................................... 1
Support for time ......................................................................................................................... 2
Culture ........................................................................................................................................ 3
Funding support .......................................................................................................................... 4
Banner data access ..................................................................................................................... 5
Statistics/analytics support ......................................................................................................... 6
How-to Materials ......................................................................................................................... 6
Facilities ....................................................................................................................................... 6
Specific/Departmental Research Goals ...................................................................................... 6
Selected Comments

Support for Time

• To allow interested COM-T faculty to become research active, it is absolutely critical to provide them with a protected time to use for research. Although not listed above, it appears the most limiting factor that currently prevents clinical faculties or residents to participate in research or develop sustained collaborations with the basic scientists.

• The most important and significant change for research in the COM-T is to offer to research faculty protected time and not penalize financially those who are interested in research

• My time is more than 100 percent occupied in clinical service of two clinical laboratory division, teaching of residents and medical students. Interested to do collaborative clinical research as Co PI

• Buy back from Banner a certain percentage of time in order to dedicate that time to write research proposal
Administrative Barriers

- The holdup and dysfunction on the contracting offices of UA and Banner are by far the most significant issue facing clinical research at UA. Additionally, bridge funding projects for new faculty that show promise should go beyond high scoring unfunded proposals. There are many early-stage investigators that show promise but have insufficient experience in grant writing to submit a grant yet. Further, there are few if any internal mechanisms for these investigators to have protected time to even develop grant writing skills.

- Legal/contract review hurdles from UA and Banner side extremely time consuming for industry supported clinical-Translational research

- Figure out a better way for collaborations between institutions without these arbitrary circular loops for UA institutional approval

- IRB and contracting processes need to be significantly streamlined and accelerated

Clinical / EHR data access

- Unlock access to Banner clinical data for UoA researchers. Promote partnerships between Banner clinicians with UoA researchers.

- A huge barrier to faculty-initiated research is lack of data analytics support to search Cerner databases. These employees must be employed by Banner, and they refuse to fund these positions. We are light years behind other institutions where investigators can readily access the EHR (e.g., EPIC can be accessed directly by investigators, whereas Cerner requires an IT person from Banner).

- Sharing de-identified remnant clinical material such as blood, urine, or tissue specimens from within Banner is a Herculean task that prevents a great deal of progress
Bridge Funding

- In all honesty, it's been great here at the UA for basic and translational research. The one thing I can bring up is seed grant opportunities. While times are tough, these are extremely helpful and can be leaned on to survive. UA invests a lot of resources into a PI, it's great to have that investment stay alive during hard times. So, I'd say, if possible, more internal seed grant opportunities, 50-100k per year, 2 yr at time. While this doesn't afford full-time staffing, it makes a huge difference in being able to pay undergars hourly for example. It is also very helpful in paying for experimental supplies etc so that experiments can keep going, even if that means the PI is back on the bench. If that's what it takes, then that's what must be done.

- 2 year pilot grants that are 50-75K/year would allow people to hire someone (tech) to generate preliminary data for bigger extramural grants

What next?
What asks will address survey needs?

• What does streamlining regulation, including with Banner, look like?

• What does operational support look like?
  • For regulatory challenges?
  • For EHR research?
  • For grant submission and contracting?
  • For clinical trials?

• What does impactful bridge funding look like?
ADDENDUM III:
Written Comments Received as Part of COM-T Faculty Survey

Dean’s Research Council Faculty Survey: Respondent Comments
College of Medicine – Tucson, University of Arizona
Spring 2023

Comments are grouped by theme, and presented in the order received

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Specific/Departmental Research Goals .................................... 23

Administrative barriers

1. Making the eIRB easy to understand and operate. Agreeing to accept cross certification such as if hippa training is done at banner we don’t have to do it at UofA or vice versa. And more ideas.

2. Expedite the process including negotiation of contracts especially with Banner. Simply there are too many steps to conduct funded research across the institutions.

3. COM support to develop specific new working groups is important, too, while other initiatives selected would impact faculty across disciplines since there are so many barriers to clinical research and research by clinicians (who comprise the majority of COM faculty) at present.

4. Improved administrative support and processes, a spin on the last option but for administrators and support staff members
5. (1) All of these menu items have some or substantial merit; it’s hard to choose/rank them. (2) It was irresponsible of COM-T to launch the Scholarly Project program without operational support for student projects, e.g., access to a projector to give a presentation. (3) Please push the All-of-Us research component to be more transparent; it seems like a private club.

6. Figure out a better way for collaborations between institutions without these arbitrary circular loops for UA institutional approval

7. IRB and contracting processes need to be significantly streamlined and accelerated

8. Legal/contract review hurdles from AU and Banner side extremely time consuming for industry supported clinical-Translational research

9. Did receive industry sponsored grant 350k and took 12 months to get through UA processes, the funder eventually pulled support. All this was driven by me, full time clinician with a co-PI in department as well. That grant would have funded a research assistant for the OBGYN department for 3 years and the inertia of navigating the UA system for new people lost that opportunity.

10. It is critical to accelerate contract negotiation and execution with industry partners. Surprised it was not listed as one of the priorities in the list

11. The holdup and dysfunction on the contracting offices of UA and Banner are by far the most significant issue facing clinical research at UA. Additionally, bridge funding projects for new faculty that show promise should go beyond high scoring unfunded proposals. There are many early-stage investigators that show promise but have insufficient experience in grant writing to submit a grant yet. Further, there are few if any internal mechanisms for these investigators to have protected time to even develop grant writing skills.

12. The contract negotiations for clinical trials have been exhaustingly long and unproductive. This has resulted in a loss of several opportunities for clinical trials.

Support for time

1. Buy back from Banner a certain percentage of time in order to dedicate that time to write research proposal

2. My time is more than 100 percent occupied in clinical service of two clinical laboratory division, teaching of residents and medical students. Interested to do collaborative clinical research as Co PI
3. More support for regular day to day activities would allow faculty to spend more time on the COM mission.

4. "How-to" should be FREE - not these $300+ workshops that UA runs. TIME support for clinical faculty.

5. To allow interested COM-T faculty to become research active, it is absolutely critical to provide them with a protected time to use for research. Although not listed above, it appears the most limiting factor that currently prevents clinical faculties or residents to participate in research or develop sustained collaborations with the basic scientists.

6. You must provide protected time before faculty have grants. This would allow them the time away from clinic to create meaningful research that will attract funding.

7. The most important and significant change for research in the COM-T is to offer to research faculty protected time and not penalize financially those who are interested in research.

8. COM needs to invest in new faculty so that their time is not 100% devoted to clinical duties. If you don't have time - you won't be able to participate in any of the above initiatives anyway no matter how well intentioned they may be.

9. I'm a senior faculty member, not working only part time, but over my career I've had $20+ million in grants. Right now I see clinical faculty struggling to even begin a research career because they are so overwhelmed with clinical work. With the next generation of clinical faculty spending 80-90% of their time in direct patient care or supervising residents in patient care, they will never have the time to develop a research career, even if that was part of their goal when they joined the faculty.

10. Provide MDs with more time to conduct research.

11. I'm 100% clinical and there is no buyout funding for research activities. If this can be rectified, then I would happily engage in research.

Culture

1. I think there needs to be better communication and collaboration across departments and divisions to include more faculty in research. There needs to be an understanding from our clinical partners that research takes time and isn't something that is done in the middle of the night, on weekends, and on holidays. There needs to be support with the EMR so we can obtain necessary data for clinically based projects, and a statistician or someone who can assist us with project design and data analysis or teach us how to do it ourselves if we don't have the background or it has been a million years since we have done anything but see patients.
2. Promote a 'get things done' culture of science.

3. Infrastructure development and recruitment are the most important things in my immediate environment.

4. It is extremely important to encourage and support research initiatives.

5. Need to get some fresh faces in the support roles. Many of the current holders of these positions are unengaged and tired.

6. Recruit faculty who are interested in doing research. Sarver Heart Center needs to recruit someone who can mentor faculty.

7. Redistribute research space, there are currently many empty research labs and faculty building their research program without necessary space in small departments.

8. Great, important survey.

9. Start supporting faculty efforts in meaningful ways. We joined an academic institution for a reason, but the COM-T has let Banner undermine our research faculty and the infrastructure to support faculty research.

10. Invest in General Public Education (Giving back and stimulating the research pipeline)

Funding support

1. In all honesty, it's been great here at the UA for basic and translational research. The one thing I can bring up is seed grant opportunities. While times are tough, these are extremely helpful and can be leaned on to survive. UA invests a lot of resources into a PI, it's great to have that investment stay alive during hard times. So, I'd say, if possible, more internal seed grant opportunities, 50-100k per year, 2 yr at time. While this doesn't afford full-time staffing, it makes a huge difference in being able to pay undergrads hourly for example. It is also very helpful in paying for experimental supplies etc so that experiments can keep going, even if that means the PI is back on the bench. If that's what it takes, then that's what must be done.

2. CTO costs are so high that it is impossible for residents/faculty to create IITs because the money needed to fund even small studies is beyond reach, we certainly need more transparency with how CTO charges are calculated/generated. The CTO charges more for a clinical visit than the physician bills the patient/insurance let alone what is actually reimbursed.

3. Stop taking so much IC. Reward all grantees that receive grants with money to their salary to incentivize! Cash to incentivize like every other major university does. Stop
taking faculty IC returns and stop paying all the com administration those faculty hard earned grant money.

4. We need to have a CTSA. Indiana University has a GREAT model. I understand (perhaps uninformed, sorry) that our efforts in the past have been disjointed and not reflective of reviewer feedback. We need to build a transdisciplinary (university-wide) collaborative to work on this. We can do this!

5. 2 year pilot grants that are 50-75K/year would allow people to hire someone (tech) to generate preliminary data for bigger extramural grants

6. More COM funding for department research assistants

7. Shared research cores are expensive and limit research lab can do. They do provide expertise that enables PIs to do work they couldn't do on their own. It would be very helpful for the University to seek funds to help defray the costs of core activity.

8. Budgetary guidance/advising for existing clinical trials faced with rising operational costs

9. COM must incentivize with awards and return overhead

Banner data access

1. Unlock access to Banner clinical data for UoA researchers. Promote partnerships between Banner clinicians with UoA researchers.

2. A huge barrier to faculty-initiated research is lack of data analytics support to search Cerner databases. These employees must be employed by Banner, and they refuse to fund these positions. We are light years behind other institutions where investigators can readily access the EHR (e.g., EPIC can be accessed directly by investigators, whereas Cerner requires an IT person from Banner). A second issue is that the culture of the U of AZ supporting services needs to change including HR, IT, facilities, purchasing, and particularly grants and contracts. The attitude of those services towards researchers is of a police force, here to ensure that researchers do nothing wrong to hurt the institution and furthermore that they can extract as much money as possible from the researchers and their work. The policing and micromanaging are soul crushing. It is not like this at other institutions where the services understand that they are there to help researchers. The grinding down of researchers by the massive bureaucratic police structures of the U of Az is probably the biggest barrier to research.

3. Sharing de-identified remnant clinical material such as blood, urine, or tissue specimens from within Banner is a Herculean task that prevents a great deal of progress

4. Fix the relationship with Banner. There is no support on their end for research
Statistics/analytics support
1. Statistician
2. Data analysis support
3. Departmental biostatistician with FTE covered by department or COM

How-to Materials
1. Clinical faculty need a starter packet. We'd love to do more but don't even know where to begin. "Scholarly Work 101/Low Hanging Fruit for the Busy Clinician"

2. The institution needs to allow access to providers so they can perform clinical research. Education on how what is available is lacking and this access needs to be free.

Facilities
1. A request would be to provide basic equipment such as autoclaves, ice machines, and Millipore water sources in all buildings hosting research labs. For example, the AHSC (COM building) does not have any such facilities at this point making it difficult with respect to such a basic and almost universal research need, and inhibiting efficiency of research work.

Specific/Departmental Research Goals
1. So many clinical outcomes intervention studies could be done within anesthesia as part of resident training requirements and building a quality outcome focus.

2. Love to see a Patient-Centered/-Engaged Outcome Research Faculty Work Group

3. Educational research is not inquired on this survey at all. A large proportion of our faculty embark on educational research to benefit UME and GME trainees. COM-T must also better align the educational and research missions with this overlap. AMES is also looking for more resources to advocate for and propel researchers who focus on education. Thus collaboration of DRC and AMES would be beneficial to individuals and COM-T missions.

4. QI projects perhaps could also be included in the above.
ADDENDUM IV:

(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/](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.