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DEPARTMENT OF MEDICINE

RESEARCH LISTENING TOUR REPORT

**Special thanks to those who provided administrative and analysis expertise:
Tiera Vaughns, Brita Alley, Jenny Kemp, Alesia El Ali, and Alison Shapiro**

Thank you to all faculty and staff who spent time engaging in this process

DOM Research Listening Tour At A Glance.....

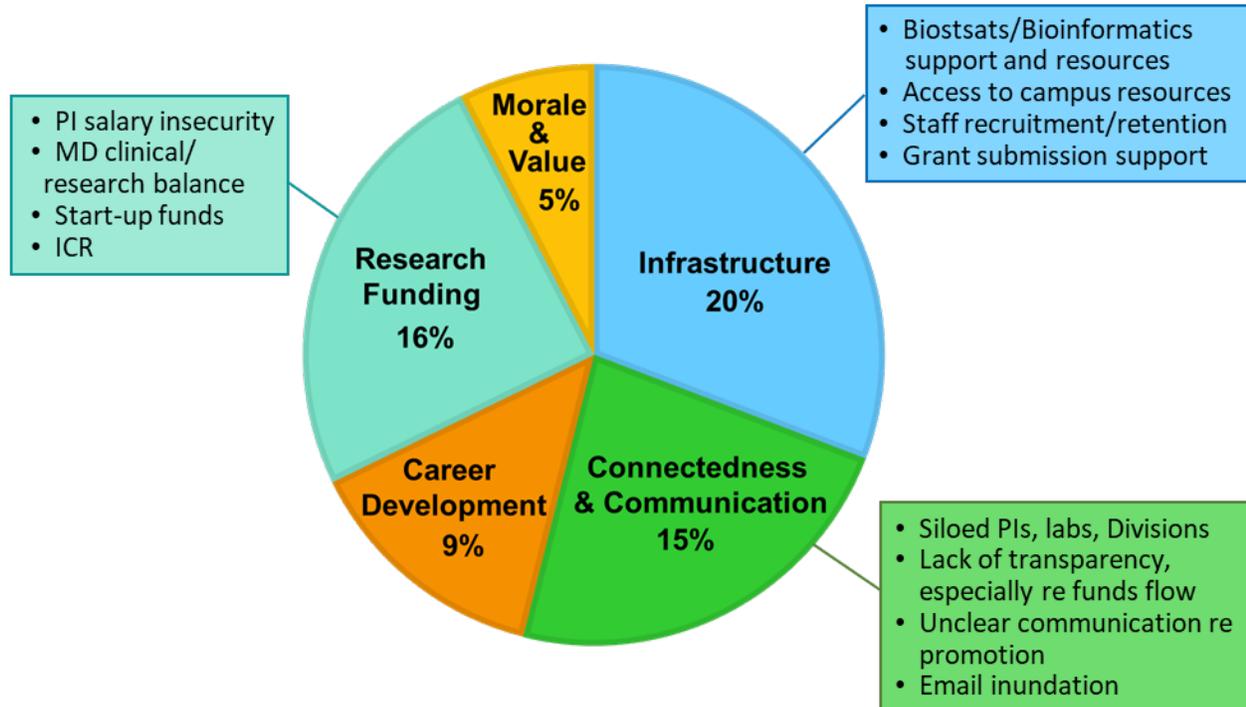
20 Hybrid Sessions



- 14 Division
- + Basic Research
- + Clinical Research
- + PRA/Admin staff
- + APP Sessions



5 Major Themes



BACKGROUND

A new Department of Medicine (DOM) Vice Chair (VC) for Research team was appointed on October 1, 2022. The team is comprised of Janine Higgins, PhD (VC for Research), Fernando Holguin, MD (Associate VC for Research), and Mary Weiser-Evans, PhD (Associate VC for Research). The VC for Research team is responsible for overseeing all DOM research activity with the goal of making the Department a national leader and model for research in the nation within five years. To achieve this transformational goal, we embarked on an extensive listening tour to:

- Involve research faculty and staff in the process of developing the DOM research strategic plan from the ground up
- Learn about the spectrum of research in DOM
- Discover barriers to optimal productivity and success
- Define successful elements of the current research enterprise
- Discover major drivers of dissatisfaction with the current enterprise.

FORMAT

Listening tour sessions were conducted in person with an online Zoom option for remote attendance. 20 sessions were conducted between November 10 and December 15, 2022, comprised of one dedicated session per Division (total of 14 sessions), one session dedicated to basic research, one dedicated to clinical research, and four additional times specifically to hear from research assistants, coordinators, pre- and post-award staff, administrative staff, and advanced practice providers (APPs). There was a DOM PhD town hall held on December 16, 2022 that was not formally part of the Research listening Tour but feedback from this event was also included in our data. Additionally, we implemented an anonymous online feedback portal that was available from November 6 through December 23, 2022.

DATA ANALYSIS

1,073 comments were received across all Divisions of the DOM, with representation across all research types (T0-T4), all faculty ranks and degree types (MD, PhD), and all staff research roles. However, research staff and APPs were under-represented in this sample with only one APP and 28 research staff across all roles providing feedback.

Qualitative analysis of comments was performed using three initial read-throughs of all provided comments before major themes were tracked using a color coordinated system of highlighting theme-related statements/sentences/bullet points during a fourth read-through. A fifth and final read-through allowed for reorganization and revision of theme allocation. The frequency of major themes and sub-themes were quantified using count of statements/ sentences/bullet points that included reference to the theme/sub-theme as numerator and total count of comments from all notes and online feedback documents as the denominator. Multiple themes and sub-themes could be counted within a single statement/sentence/bullet point. This results in overall percentages not always adding to 100.

RESULTS

Overall, respondents are positive and enthusiastic about the science that happens here, their interactions with colleagues, and the collaborative nature of those on this campus. Qualitative analysis revealed five major themes, each with several more detailed subthemes (Table 1), ranked by frequency of comments:

1. Research infrastructure
2. Research funding
3. Connectedness and Communication
4. Career Development
5. Morale and the Value of Research.

Table 1. Research listening tour themes and sub-themes, arranged highest to lowest by frequency of comments pertaining to each topic.

Theme	Subtheme	Representative Comment/s
1. Infrastructure	Biostatistics and bioinformatics support is lacking	"Need biostatisticians who are available and willing to be on grants, I have been subbing that work out to other institutions"; "Need more people that can do analytics and study design"; "The campus is falling way behind with bioinformatics data analysis – this is a major barrier"
	No way to navigate campus resources; CTTC, CIDA, Cores, etc.	"No centralized hub listing all research resources available. We have to hunt and ask around until we find what we need"
	Difficult to recruit/retain staff and postdocs and hiring/onboarding processes are convoluted	"We are significantly underpaid especially with the historic inflation making it hard to be a PRA and live in Denver"; "There is a lack of PhDs to fill T32 slots. The pressure point becomes the salary of a T32 postdoc who is vastly underpaid"
	Inadequate grant preparation/administration support	"When submitting grants there is frustration when working with faculty who are not providing enough time for staff to [process grants internally with OGC]"
	Access to data and COMPASS to conduct EHR-based research	"Ridiculously slow to get Compass data, it takes up to a year"; "Time to get Compass projects going prohibits its use"
	Lack of biorepository/centralized sample availability	"For samples collected clinically, we need a pipeline to enter a request for tissues and be ready to contact and distribute" "I have no problem getting samples if asked but no one is asking"
	OnCore is a major hinderance to study efficiency	"OnCore is tough and requires much more effort from my research team to work with (and still doesn't work well)"
	Limited or no availability of wet lab and clinical space for research	"Need space for clinical research to see patients and making that flexible and reusable"; "Challenging when people need go to multiple locations to complete a visit and spend 15-20 min transferring each time"
2. Funding	PI salary insecurity	"The need to cover 100% of my salary through grants puts an immense amount of pressure on me and makes it difficult to have reasonable bandwidth to conduct funded research"; "It is a challenge is to cover salary 100% and be productive"; "Salary support is a measure of good faith for things that we do for free (e.g. teaching classes and dissertation activities)" "I don't feel like you have the time to train up to do better when focused on funding all the time"
	MD imbalance of clinical and research time	"As an MD scientist, the clinical load is more than it ever has been which detracts

		from research time"; "Clinical responsibilities since COVID have increased and seem to not be going down and there is no time available for research and there has not been any work on helping faculty with this"
	RIFP needs to be revamped and incentive funds need to be provided	"RIFP has structural inequities and is convoluted, if you even qualify"; "RIFP Division cost share limits who could be supported creating disparities"; "It is hard to keep people when they leave for other institutions that provide 60% salary"
	No indirect cost recovery (ICR)	"The reality is that research is changing - the model that has worked for years is clearly not sustainable with changes in costs for research and staff"
	Campus resources too expensive and slow turnaround times	"Junior investigators who do not have grants can't use cores because they are too expensive" "When we use campus shared resources it takes forever to get our data and it is harder and harder to schedule visits at the CTRC"
	Start-up funds are lacking or insufficient	"How can I do the same research when the price increases drastically without more resources?"
	K to R transition with no gap funding	"KTR transition is very stressful – we need better programs to reduce the stress and provide better job security; there are no logical fall backs for PhD faculty"
	Hospital funding contributions to research seem low	"There is a need across all divisions to help clinical faculty move into research when they don't have a funded project, this is a space that could use hospital support"
3. Connectedness & Communication	Siloed PIs, lab, and Divisions with limited collaboration between PIs across divisions	"When PhDs and MDs can collaborate together the caliber of health-related research is multiplicative" "We have a collaborative culture, but are inhibited by indirects and who owns the grant because of issue of who gets credit" "Clinical research folks and PhDs are all located differently and there is no one way to connect everyone to find collaborators" "How can we integrate health services/ outcomes research into other projects?"
	Lack of transparency for how campus and clinical dollars flow	"There is a need to improve transparency surrounding funds flow on campus, and where indirects go"
	Unclear communication about promotion	"Career advancement paths are not clear and promotion expectations are not consistent or not conveyed consistently"
	Communicating research success, WIP, across divisions	"We don't do a good job at celebrating achievements. Can we get more advertising in newspaper, twitter, podcasts?"

	Email inundation	"Email inboxes are overwhelming. How do we prioritize which email to read? So much ends up in clutter making it hard to know what's important and what's not"
4. Career Development	Peer and DOM external mentorship needed	"Difficult to find mentorship with active projects" "I need content mentors, but they are mostly outside my division"
	K to R pre-review is great but need a similar program for alternative funders (VA, DoD, etc)	"PreK review is for NIH grants but we need the same pre-review help for applications to other agencies"
	No upward career paths for PRAs	"We need professional development opportunities to help keep lifetime PRAs on campus"
	Hard to engage MD Fellows in research	"From the hospital medicine training pipeline, research seemed scary and I had no idea what it would be like"
5. Morale and Value	Research, especially basic sciences, are not valued	"Post docs and fellows do not feel integrated in DOM" "Efforts are focused on clinical fellows and very structured while post docs do not feel welcome or catered for"
	PRAs do not feel valued; low salary, lack of promotions, little recognition for work	"As you grow, your work load increases but your pay does not go up and you end up doing all the missing parts because the grant cannot afford to buy more support"; "I had loyalty to my PIs and wanted to help them through this tough time, BUT I also got zero recognition from leadership for all the extra time and effort I was doing"
	Research is not valued by the hospital	"Everything is about RVUs, nothing else matters. Research isn't important. I am in academics because I want to practice medicine, teach the next generation of physicians, and make contributions to the science that will help patients. I can't do that here. It is only about RVUs. I can work less hours elsewhere and make more money, which is what I'm exploring."
	Work-life-balance is difficult; hybrid work is preferred	"The fabric of community feels apart post COVID"
	QI and small projects need to be a recognized/supported research area	"QI, done well, is publishable and valuable"; "We need to train people to do comprehensive QI that is research"
	Clinics are not invested/interested in research	"There is no embedded research at UHealth but, with partnership they would be able to do a lot of implementation"
	Feeling that PhD scientists are second-class citizens - only contribution is grant funding	"PhDs are referred to as non-Physicians; this sends the wrong messages about the value of certain groups. No one should ever be referred to as a "non" something". We and our research were labeled as "non-essential" during the pandemic"

Many Division- and role-specific comments and suggestions were raised during the listening tour that are not included in this report unless they aligned with the themes and subthemes identified. These comments are duly noted and will be addressed following implementation of the Research Strategic Plan.

In listening to and documenting many of the barriers that DOM faculty and staff face, many respondents provided suggestions for improvement. These will be considered as the Research Strategic Plan is being developed. Suggestions include:

1. Infrastructure

- Introduce umbrella protocols that can be used so that every study that needs a stored sample does not need to go to IRB
- A Core with administrative support (e.g. PRAs, project managers, Research administrators, coordinators, contracting, budgeting, and IRB) to go to and bypass many administrative burdens
- Introduce an online request for consultation to find specific campus research resources
- Attend job fairs and advertise and promote PRA and post doc positions at CSU, Boulder, downtown, Metro
- Keep an open, generic PRA job advertisement that any PI can recruit into by accessing recent applicants. This would dramatically decrease hiring time
- Introduce standardized onboarding for new hires
- Streamline things for writing grants, provide templates for extra pages for grants
- Introduce a research toolbox for the research administrative staff with forms, instructions, etc so we are not all recreating the wheel
- Improve or expand COMPASS services so that clinical data is more readily available to divisions for QI and health outcomes research.

2. Funding

- If 5% of faculty bring in 50% of grant funds, introduce an incentive once an investigator becomes part of that 5%, maybe through increased salary support so that they can keep writing more grants.
 - And/or fund the group right below who are doing well and provide them with extra support and help them get to the top 5%
- Allow RIFP support to go to students or staff instead of PI, this will provide adequate staffing which allows you to get more funds (i.e. allow RIFP to be discretionary funds)
- A hard look at other institutions who provide more salary support for research faculty
- Journals are more expensive, can we provide publications funds?
- Reward expectations: for our full academic mission and expected for promotion and tenure, we contribute to additional activities on campus such as committees and leadership in educational activities, but we are not compensated for these activities while also having to provide 100% of our own salary
- Expand eligibility to bonuses
- We should have an advocate at the Capital to raise the profile of research and promote more State funds flow to research

3. Connectedness and Communication

- Seed money or pilot money to help bring clinical and basic researchers together
- Write and disseminate relatable stories about featured research because those are what the public connects with
- Advance our reputation and attract post docs and junior faculty by representation at meetings and major professional societies

- Have a party or social hour at major national meetings where everyone meets up
- Show advertising and who we are and how important our research is
- Funds to get people to the meetings and get away from clinical duties and help fund presentations
- Face-to-face meetings to help collaborate and meet people
- Create T32 or K clubs for trainees and junior faculty to connect and interact.
- Improve collaborations across organ systems or research area (e.g. inflammation) to improve cross collaboration among divisions and build on our programmatic areas of excellence

4. Career development

- There are many training opportunities on campus that we need to make more visible/accessible
- Encourage postdocs to take advantage of postdoc office – office activities are spectacular

5. Value and Morale

- Include representation of PhD faculty on department committees
- Make explicit the expectations of division leadership for excellence in research and scholarship

CONCLUSION

The VC for Research team found this listening tour informative and valuable. Beyond our primary objectives, we made direct, personal connections with dozens of DOM researchers. Five major themes, with 32 subthemes, were defined. Subthemes and suggestions for improvement across themes will be used to inform development of the DOM Research Strategic Plan. Subthemes not formally included in the Strategic Plan and comments that were Division- and role-specific will be addressed in the future, as resources allow.

Appendix

Seven questions were used as prompts for discussion during the Listening Tour and listed in the online feedback portal. It was not required to answer any specific question/s or even discuss the topics contained within these questions. All comments were encouraged and welcomed and these questions were used as prompts only when conversation was not spontaneous.

Listening Tour Questions

1. a. What do you find most exciting and motivating about your current research environment? (DOM and CU Anschutz environment)
b. What do you find most frustrating or demotivating about your current research environment?
2. What capabilities or services are you missing to optimize your research?
3. a. List, in order of greatest priority, the three programs/processes/things you think we should change?
b. List, in order of greatest priority, the three programs/processes/things that we should keep?
c. What are you most afraid we might do to change the research environment?
4. Collaboration is essential to increase our research success and reach. Do you have ideas on how to encourage collaboration across Divisions and Departments and/or between clinical and basic researchers and/or between MD and PhD researchers?
5. What is the best way to communicate and celebrate our research achievements? Who should we make aware of our successes?
6. What would entice you to do less research OR leave CU Anschutz/DOM? This could be something that would pull you toward another position or push you away from research/DOM.
7. Any other comments, questions, concerns, or things that we should be aware of?