

CAREERS IN CLINICAL AND TRANSLATIONAL RESEARCH CHANGE PACKAGE



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Section 1 | Introduction & Background

The <u>Clinical and Translational Sciences Awards (CTSA) Consortium</u>, led by the <u>National Center for Advancing Translational Sciences (NCATS)</u>, is charged with accelerating and improving clinical and translational research. So far, the potential of the CTSA Program is only partially realized. In order to maximize the Consortium's impact, NCATS has implemented the <u>Common Metrics Initiative</u>, which employs a set of common metrics for use in collaborative management based on the principles of the <u>Results-Based Accountability (RBA)</u> framework. The Common Metrics Initiative is using a set of common metrics to help to focus activities as a network and at the individual CTSA hubs on making significant improvements in research translation and workforce development. This change package outlines potential strategies for hubs to use as they begin or advance strategic management efforts for Careers in Clinical and Translational Research.

What is a Change Package?

A change package is a concise and practical document that includes ideas and inspiration for teams seeking to apply methods to increasing the effectiveness and efficiency of their processes and outcomes. Change packages focus on a specific metric or process, and generally include background material; a summary of evidence or best practices; and specific strategies, tools and examples that can be applied to the work.



How Was This Change Package Developed?

This change package was informed by research findings when available, as well as strategies implemented or planned by CTSA hubs participating in the Common Metrics Initiative. It will be revised as additional learning surfaces.

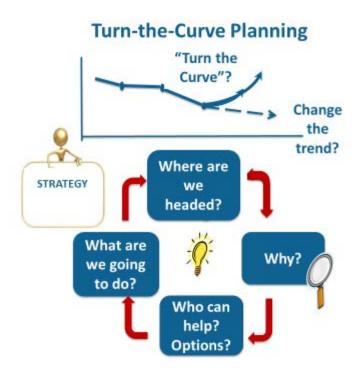


Strategic Management Method

The work of hub teams participating in the Common Metric Initiative is guided by the Results-Based Accountability framework. Developed by Mark Friedman and described in his book *Trying Hard is Not Good Enough*, RBA is used by organizations to improve the performance of their programs or services. RBA starts with ends and works backward, towards means. RBA provides a step-by-step process to get from ends to means. This process is called "Turn the Curve" thinking.

Hubs in the Common Metric Initiative use Scorecard software to enter and graph their common metric results and facilitate their Turn the Curve planning process.

An example Turn the Curve plan for the Careers in Clinical and Translational Research Common Metric is provided here.





Section 2 | Careers in Clinical and Translational Research Driver Diagram

An initial driver diagram for the Careers in Clinical and Translational Research (CTR) metric is depicted on the next page.

A Driver Diagram is a visual depiction of the theory behind an improvement effort—a roadmap of sorts. It illustrates the linkages between an overall aim (in this case, improving the number and percent of institutional scholars and trainees who complete the KL2 and TL1 programs who are engaged in CTR, and the number and percent of institutional scholars and trainees who are women or under-represented persons who are currently engaged in CTR), drivers (facilitating factors that, if present, can help achieve the aim), and the strategies that can help you get there (like those included in this Change Package).

7 drivers were identified during work with the hubs participating in the Common Metrics Initiative who elected to work first on CTR. They are:

- 1) Scholars receive high-quality mentorship
- 2) Resources specifically for career development are provided
- 3) Networking is facilitated between current scholars, alumni, and other successful CTR researchers in their discipline
- 4) Scholars develop research skills
- 5) Scholars receive exposure to and training in team science
- 6) Recruitment, marketing, and applicant review strategies target more diverse applicants
- 7) Graduates and their career statuses are tracked over time

Over time, the initiative will likely identify additional drivers and strategies that will lead to improvement and the driver diagram will be updated.



Careers in Clinical and Translational Research Strategies Driver Diagram v2.0 Drivers · Provide mentorship for guidance, support, resources, connections, and funding · Help develop mentor networks rather than hierarchical dyads Add a category to faculty profiles that designate which faculty have a focus on and expertise with mentoring underrepresented persons (URPs) · Offer mentorship training to mid-career and early senior faculty 1. Scholars receive high-· Incorporate implicit bias training into mentor training quality mentorship · Ensure that all mentors learn strategies to advise on career-life balance Common Metric Aim · Identify and select for generic and CTR-specific mentor competencies Provide monetary support for mentors; acknowledge mentoring toward promotion Improve: · Develop systems for mentor accountability the number and percent · Evaluate and give feedback to mentors of institutional scholars and trainees who · Conduct a pre-KL2 application session to provide information about institutional completed the KL2 and career development, answer questions TL1 programs, · Provide career development seminars and activities that emphasize necessary respectively, who are 2. Resources specifically pace and steps in progression to independence currently engaged in for career development are · Provide scholars with opportunities for external experiences (externships, etc.) clinical and translational provided · Partner with Research Administration and Development Office staff to create research (CTR) systems to identify and communicate funding opportunities the number and percent · Survey or interview program graduates on strategies they found helpful of institutional scholars · Require scholars to develop/implement a personal professional development plan and trainees who are Provide training in: Negotiation skills, Maintaining work-life balance, Mainta women or undercareer trajectory after an absence from academia, and Resilience to respond to represented persons career criticism or rejection (URPs) who completed the KL2 and TL1 · Host a networking seminar of incoming scholars, current scholars and alumni to programs, respectively, share suggestions about being a KL2 scholar who are currently · Provide a Networking Forum for trainees and alumni to interact engaged in CTR. 3. Networking is facilitated . Hold regular "Lunch and Learn" or other sessions for K cohort support between current scholars, · Provide encouragement or support for scholars to attend national events for alumni, and other successful CTR · Assist scholars to identify networking opportunities that best fit their needs researchers in their · Develop special interest groups for people from underrepresented backgrounds discipline so that they can act as peer mentors to each other Provide opportunities for Information Networking (e.g., helping identify funding opportunities) to increase recruitment and reduce attrition of URPs

meeting the Common Metric Aim for women and URPs.

Tufts CTSI Tufts Clinical and Translational Science Institute

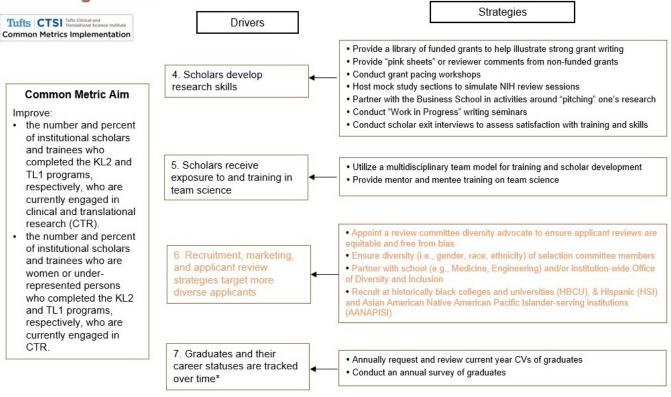
Common Metrics Implementation



Interventions do not need to be obviously gender- or race-specific. However, these strategies may contribute specifically to

· Ensure women and URP seminar speakers to represent having a research career

Careers in Clinical and Translational Research Driver Diagram v2.0



*Tracking will not change the underlying rate at which they are engaged in CTR, but is necessary in order to collect the data for the Careers metric and understand the Story Behind the Curve

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Section 3 | Strategies & Examples

Strategies

Starting on the next page are specific examples for a number of the strategies in the driver diagram that may yield to improvement at the level of a CTSA hub. These strategies are organized around the drivers outlined above.

A Strategy answers the question "What are we going to do?" [to Turn the Curve].

--Phil Lee, Clear Impact





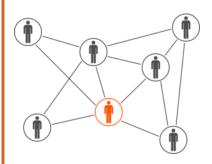
DRIVER: SCHOLARS RECEIVE HIGH-QUALITY MENTORSHIP



Rationale:

The availability of outstanding mentors has been proposed as an essential means of ensuring a pipeline for training researchers and for recruiting and retaining clinician-scientists. (Feldman, et al)

However, it is very improbable to find a single person who can fulfill all the diverse mentoring needs of another individual.



EXAMPLE STRATEGIES

The University of Utah CCTS Matrix Mentoring Model moves away from "dyadic mentoring", allowing an individual to create a network where different mentors contribute unique skills and empowers individuals, especially women and URPs, with tools to thrive in academic medicine. A presentation about the model is here; a published article is here.

Designed to create national networking opportunities for underrepresented minorities, the <u>National Research Mentoring Network</u> links skilled mentors from various disciplines with diverse mentees.

University of Illinois at Chicago CCTS provides a number of mentoring resources, including best practices and tools.

Entering Mentoring training materials, developed by the Institute for Clinical and Translational Research at University of Wisconsin-Madison, for use with CTR mentors.

The UCSF CTSI Mentor Training Program is designed to train faculty to be effective clinical and translational research mentors.

A set of competencies for mentors of clinical and translational scholars is outlined here.

The Mentoring Competency Assessment (MCA) skills inventory has been shown to be reliable and valid. Mentoring evaluation forms developed by the University of Wisconsin Institute for CTR are available here.



DRIVER: RESOURCES SPECIFICALLY FOR CAREER DEVELOPMENT ARE PROVIDED

Rationale:

Scholars and trainees reported that their overall interest in a career involving CTR increased as a result of their participation in the CTSA education and training programs.

Evaluation report of CTSA program

EXAMPLE STRATEGIES

Penn State CTSI requires a personal professional development plan as part of the <u>KL2 application</u>, and in the annual <u>KL2 Progress Report</u>.

The <u>education and career development program</u> at the Oregon Clinical and Translational Research Institute was designed around major inflection points in the research career trajectory.

A number of CTSA institutions are participating in the NIH-funded <u>BEST</u> (Broadening Experiences in Scientific Training) program; an effort to explore ways of improving biomedical career development. Information provided by Emory University about BEST is available <u>here</u>.





DRIVER: NETWORKING IS FACILITATED BETWEEN CURRENT SCHOLARS, ALUMNI, AND OTHER SUCCESSFUL CTR RESEARCHERS IN THEIR DISCIPLINE

Rationale:

Networking can help the scholar or graduate make connections and form collaborations; develop new insights, perspectives, and approaches; and increase visibility and build their CV.



EXAMPLE STRATEGIES

The Network for Women in Science program provides support, guidance, and opportunity for female scientists at Scripps Research Institute.

The University of Pittsburgh developed the <u>Sunrise</u> <u>Series</u>, an early morning venue for women faculty, fellows and students to network across schools and departments.

NCATS has started a <u>LinkedIn page</u> to feature KL2 scholars who have led innovative projects in the areas of workforce development, lifespan, methods and processes, collaboration and engagement, and informatics.

New York University CTSI hosted a <u>Science Café</u> to encourage researchers at the medical center to collaborate with researchers from engineering.

Networking

Interacting with others to exchange information and develop professional or social contacts.

--Oxford English Dictionary



DRIVER: SCHOLARS DEVELOP RESEARCH SKILLS

Rationale:

The ability to develop and maintain a CTR career requires skills to conduct, interpret, evaluate and apply research.



EXAMPLE STRATEGIES

The Vanderbilt Institute for Clinical and Translational Research provides a grant pacing workshop to help scholars learn to coordinate all elements of grant preparation.

The Penn State CTSI leverages offerings of the business school to provide scholars a chance to learn to <u>"pitch" their research</u>.



DRIVER: SCHOLARS RECEIVE EXPOSURE TO AND TRAINING IN TEAM SCIENCE

Rationale:

CTR generally requires an interdisciplinary approach. Scholars benefit from team membership, collaborations across interdisciplinary boundaries, and learning to address complex or challenging problems that require integration across multiple disciplines.

EXAMPLE STRATEGIES

The UTMB Institute for Translational Sciences utilizes a Multidisciplinary Translational Team (MTT) model for training and development of translational research investigators. An article about the MTT is here.

Exposure to team science, a key strategy in clinical and translational research, is uneven.

--2012 CTSA National Evaluation <u>Final Report</u>





DRIVER: GRADUATES AND THEIR CAREER STATUS ARE TRACKED OVER TIME

Rationale:

Tracking graduates and their current involvement in research will not change the underlying rate at which they are engaged in CTR, but is necessary in order to collect the data for the Careers metric and understand the Story Behind the Curve.



EXAMPLE STRATEGIES

The web-based electronic Rockefeller University Graduate Tracking Survey System can be used to track the careers and accomplishments of graduates in a comprehensive and standardized manner.

Developed by Weill Cornell CTSC, <u>PROMPTR</u>, a component of WebCAMP, supports alumni surveys in which KL2, TL1 and other training program graduates can be followed over time with questions about current involvement in research.

The <u>Careers Metric Worksheet</u> provides an example of how to calculate the Careers in Clinical and Translational Research Common Metric.



REFERENCES

Careers in Clinical and Translational Research

Abedin Z, Biskup E, Silet K, et al. <u>Deriving competencies for mentors of clinical and translational scholars</u>. Clin Transl Sci. 2012;5(3):273-80.

Abedin Z, Rebello TJ, Richards BF, Pincus HA. Mentor training within academic health centers with Clinical and Translational Science Awards. Clin Transl Sci. 2013;6(5):376-80.

Anderson L, Silet K, Fleming M. <u>Evaluating and giving feedback to mentors: new evidence-based approaches</u>. Clin Transl Sci. 2012;5(1):71-7.

Burnham EL, Schiro S, Fleming M. Mentoring K scholars: Strategies to support research mentors. Clin Transl Sci. 2011; 4(3): 199–203.

Byington CL, Keenan H, Phillips JD, et al. <u>A Matrix Mentoring Model that effectively supports clinical and translational scientists and increases inclusion in biomedical research: lessons from the University of Utah</u>. Acad Med. 2016;91(4):497-502.

Dilmore TC, Rubio DM, Cohen E, et al. <u>Psychometric properties of the mentor role</u> <u>instrument when used in an academic medicine setting</u>. Clin Transl Sci. 20103(3):104-8.

Feldman MD, Huang L, Guglielmo BJ, et al. <u>Training the next generation of research mentors: the University of California, San Francisco, Clinical & Translational Science Institute Mentor Development Program</u>. Clin Transl Sci. 2009;2(3):216-221

Fleming M, House S, Hanson VS, et al. <u>The Mentoring Competency Assessment: validation of a new instrument to evaluate skills of research mentors</u>. Acad Med. 2013;88(7):1002-8.

Friedman M. Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. FPSI Publishing, 2005. ISBN: 1-4392-3786-7

Meagher E, Taylor L, Probsfield J, Fleming M. <u>Evaluating research mentors working in the area of clinical translational science: a review of the literature</u>. Clin Transl Sci. 2011; 4(5): 353-8.

Pfund C, House SC, Asquith P, et al. <u>Training mentors of clinical and translational research scholars: a randomized controlled trial</u>. Acad Med. 2014; 89(5):774–782.

Ripley E, Markowitz M, Nichols-Casebolt A, Williams L, Macrina F. <u>Training NIH K Award</u> <u>recipients: the role of the mentor</u>. Clin Transl Sci. 2012;5(5):386-393.

Romanick M, Ng K, Lee G, Herbert M, Coller BS. <u>The Rockefeller University Graduate Tracking Survey System</u>. Clin Transl Sci. 2015;8(4):326-329.



Underrepresented Persons and Women in Clinical and Translational Research Careers

DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. <u>Batting 300 Is good: perspectives of faculty researchers and their mentors on rejection, resilience, and persistence in academic medical careers</u>. Acad Med 2013;88(4):497-504.

Decastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. <u>Mentor networks in academic medicine: moving beyond a dyadic conception of mentoring for junior faculty researchers</u>. Acad Med 2013;88(4):488-496.

Johnson MO, Gandhi M. <u>A mentor training program improves mentoring competency for researchers working with early-career investigators from underrepresented backgrounds</u>. Adv Health Sci Educ Theory Pract. 2015; 20(3):683-9.

Sambuco D, Dabrowska A, Decastro R, Stewart A, Ubel PA, Jagsi R. <u>Negotiation in academic medicine: narratives of faculty researchers and their mentors</u>. Acad Med 2013;88(4):505-511.

