

**AGS/AFAR ClinSTAR CC/NIA Virtual Workshop  
Three Part Series – Clinician Specialists Rising Stars Program**

**“So you got your study section summary sheet, now what? Tips and Tricks for Reviewing and Responding to Grant Review Comments”**

**Wednesday, April 28 at 4:00 pm ET**

<b>Time</b>	<b>Title</b>	<b>Speaker</b>
4:00 pm	How to Approach a Summary Statement	<b>Ken Covinsky, MD, MPH, BS</b> <i>University of California, San Francisco</i>
4:10 pm	Tips & Tricks	<b>Ambarish Pandey, MD</b> <i>University of Texas Southwestern</i>
4:20 pm	Tips & Tricks	<b>Maile Young Karris, MD</b> <i>University of California, San Diego</i>
4:30 pm	Q&A	<b>All</b>

# Responding to Your Grant Critiques

Or

Thank You for Not Funding Me  
So I Can Respond to Your  
Brilliant and Wise Thoughts

# Principle # 1: It's Not a Rebuttal

- Reviewers seldom conclude they were mistaken
- Wise advice from Arnold (substitute Tumor with Rebuttal)
  - [https://www.youtube.com/watch?v=OaTO8\\_KNcuo](https://www.youtube.com/watch?v=OaTO8_KNcuo)

# Principle 2: Approach Comments as Opportunity

- General Attitude
  - You found a problem with my grant
  - You were right—it was a problem
  - You appropriately took away points
  - I fixed the problem
  - Now you have to give me my points back
- Ironically, agreeing with reviewers that they were right is the strongest possible argument for giving you a better score

# Principal 3: Responses Are Action Oriented

- Do not engage in a theoretical or intellectual discussion of the reviewer's concern (unless they asked you to)
- Rather, specifically describe the steps you have taken
- Example: Your depression scale, the CES-D was not validated for use in older persons
  - Wrong response: Scholarly recitation as to why it does not matter
  - Right response: We have substituted the CES-D with the GDS which was developed and validated for older persons

# Principle #4: Create a Differential Diagnosis

- Try to understand why the reviewers said what they said
  - Some comments are meant to be taken literally
  - Some have a deeper meaning—I don't understand what you are doing or why you are doing it
- Action oriented responses include saying
  - I failed to justify what I was doing
  - I failed to provide sufficient background
- Remember—it was not the reviewer's fault. It was your fault—and you are fixing it

# Principle 5: Significance Can be Addressed

- Differential: Why did reviewer fail to understand significance?
  - What context did you not provide?
  - What applications or uses of your findings did you not describe
  - It is widely assumed that low social support leads to disability BUT
    - Limitations of most cited studies are ...
    - Evidence more nuanced
    - Social support multidimensional construct
    - Limited evidence adding support improves outcomes
- Recontextualize your problem
  - Generally known, but not studied in (?oldest old, minority populations?)
  - Health system context, patient perspective not understood



So you fell off a cliff and  
now you have to climb  
back up

**MAILE YOUNG KARRIS, MD**

**ASSOCIATE PROFESSOR**

**UNIVERSITY OF CALIFORNIA SAN DIEGO**





Geriatric Mentor

KL2 Award

Transition to translational

HIV Immunology

Butler Williams

Implicit bias testing

GEMSSTAR

Tideswell

Married/kids + mentors left

Began to realize unmet needs of OAWH

70% clinical

# First Aid + SOS

- ▶ Treat your wounds
- ▶ Know what “medicine” works for you
  
- ▶ Identify and reach out for expert help
  - ▶ Program Officer
  - ▶ A Geriatrician/Gerontologist
  - ▶ A Reviewer #2



# Plan your ascent

- ▶ Pace yourself = make a timeline
- ▶ Know where you want to end up
- ▶ Study the path of those that have gone before you
- ▶ Identify barriers and compensate
- ▶ Clear your path

# Climb

- ▶ Start with the right partners
- ▶ Concentrate
- ▶ Focus on quality not quantity
- ▶ Pace yourself
- ▶ Just keep climbing

SAY NO!