Identifying a Strong Mentoring Team in Aging-X

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July 26, 2021
Me and Aging

- Immunology, inflammation, relationships, continuity, outcomes that matter most to my patients
- Rheumatologist focused on aging research
- Sought formal clinical epidemiology/aging related research training via T32 fellowship
- Life moved me to TX
- Nurtured mentor relationships outside of UTSW: Yale, Cornell, Spaulding, Houston
- Redefined and differentiated myself at new institution
- Identified new mentors, nurtured prior mentoring relationships
Identify Your Needs

- Align your mentoring team, research aims, professional development plan with grant mechanism
- Network of mentors
  - Science/content and career path
Identifying Mentors, Locally

- Ideal if your institution has an Aging Center (Claude D. Pepper Older Americans Independence Centers (OAIC), Roybal) or T32
- Meet and get to know local leaders in Geriatrics
  - Go-to for aging related lectures and grand rounds
  - Attend didactic sessions/lectures for geriatrics fellows, webinars (via OAIC and AGING, see Clin-STAR website)
  - Organize aging focused journal clubs for all levels of learners, across disciplines
Identifying Mentors, Nationally

- Mentors can help introduce and network/ sponsor
- Present your research at Grand Rounds, externally (national reputation important for promotion)
- Collaborate (multi-site projects), build your team with diversity in mind
- Identify 2-3 national scientific meetings
  - Ideal to meet mentors at geriatrics meetings*
  - Organize aging study group/ special interest group, symposia, workshops: be present and persistent
- Join a community of aging- focused colleagues: Clin-STAR, Pepper Centers, NIA Research Centers Collaborative Network
A Surgeon’s Perspective on Mentoring in Aging Research

Tullika Garg, MD, MPH, FACS
Clinical Investigator I
Dept. of Urology
Dept. of Population Health Sciences
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July 26, 2021
My Story

- Urologic oncologist, bladder cancer, aging
- Geisinger: non-traditional position
- GEMSSTAR 2017 → not discussed
- GEMSSTAR 2018 → funded
- Mentor team
  - Geriatric oncologist
  - Biostatistician specializing in geriatrics
  - Medical anthropologist
  - Urologic oncologist
  - Biostatistician, chair of Population Health Sciences
You are doing something unique and difficult
Aging-focused surgeon mentors are scarce
  - You will become that person!
  - In the meantime, be creative
    - Geriatrics research methods
    - Geriatrics clinical focus
Mentors with an infectious love of learning
You will have to prove yourself
Come with your question
Filling Gaps at Your Institution

- Leverage NIA networks
  - AGING Initiative, USDEN, INRPHA, etc.
- Go to NIA network meetings
  - Present your work
  - Smaller meetings, easier to meet people
- Add clinical geriatrics experience to your PDP
- Mentors with unique methods expertise
  - Creating something new
- Distance mentors
Distance Mentors: Create the Environment

- Show you can successfully work together despite the distance
- Budget: fund them on your GEMSSTAR
- Ask your institution to bring them in to visit, or go visit them, meet at conferences
- PDP: Be specific about plans for working together
- Videoconference monthly
  - Be prepared
  - Have fun!
Thank You!

- Research Team
  - Kirstin Rabinowitz, MPH
  - Erika Campbell
- National Institute on Aging

Terrence Murphy, PhD
Yale

Harvey Cohen, MD
Duke

Carmit McMullen, PhD
Kaiser Permanente

Matthew Nielsen, MD, MS
UNC

H. Lester Kirchner, PhD
Geisinger
Your Mentoring Team: A Reviewer’s Perspective

Edward R. Marcantonio, M.D., S.M.
Professor of Medicine
Harvard Medical School
Beth Israel Deaconess Medical Center
July 26, 2021
Trained in both General Medicine and Geriatrics

Research interests: delirium, hosp. of vuln. older adults

Lead research group in General Medicine at BIDMC (HMS-affiliated hospital)

Mentoring experience (10th yr, NIA K24)
- Numerous Jahnigen, GEMSSTAR awardees
- Several NIA K23, Beeson awardees
- Direct HRSA T32, Co-direct NIA T32 at HMS

Grant Review Experience
- R Awards: ASG Study Section, ad hocs
- K Awards: Beeson, K23 ad hocs, [never GEMSSTAR]
NIH Review Panel?
What does the reviewer do?

- Tries to understand you
  - NIH Biosketch
  - Scientific biography (PDP)
- Tries to understand your science
  - Specific Aims/Hypotheses
  - Relevance to aging
- What have you done to date?
- What do you need to succeed?
Mentors/Advisors

- Typical to have a mentorship “team”
  - Always designate the primary mentor
  - Best: primary mentor at home institution
  - No more than 1-2 co/secondary mentors—common role for aging/geriatrics
  - Advisory panel: more targeted guidance
  - Complementary (not overlapping) expertise

- Regular meetings—part of PDP
  - Make sure meeting schedule is feasible
Commitment to Aging

- **Science:** aging research, see RFA
  - not merely focus on disease/condition common in older adults (most are)

- **Mentoring:** “at least one senior research collaborator…aging research experience”
  - Not last minute
  - Publish with her/him, ideally in aging journal
  - Linkage: OAIC, Roybal, ADRC, other NIA Centers

- For all: aging research training in PDP
- For some: clinical experiences in aging
Biosketches, Letters of Support

- Reviewers read carefully, not throw a-ways

- Biosketches—customize ALL to your application
  - Align to PDP—ensure relevant expertise comes through (if not written down, it’s not there)
  - Highlight prior linkages to the candidate
  - Clearly state role on Award (address overlap)

- Letters:
  - Get ready to write lots of good things about yourself!
  - Take a long time—start early
  - Institutional letter (Dept Chair)--very important
Get reviewer on your side

- Science:
  - Crystal clear, hypothesis-driven Aims
  - Stress aging relevance

- Professional development plan
  - Compelling story of your career and how the GEMSSTAR will take you to the next step
  - Mentors well-aligned with science, PDP, aging focus

- Final suggestions:
  - Allow plenty of time
  - Get a successful model
  - Work closely with your mentor(s)
  - Be prepared to revise, revise, revise
Making the Most of Mentorship Meetings and Resources

Lona Mody, MD, M.S.
University of Michigan and VA Ann Arbor Healthcare System
Director, Center for Research and Innovations in Special Populations
Director, UM NIA T32
Mentor-Mentee Meetings

- One-on-one meetings with your mentor critical to success
- Mentor learns about mentee’s motivation, perseverance, creativity, urgency of research
- Mentee learns about how mentors’ think and act
- Scheduled versus unscheduled meetings
  - Frequency depends on career stage (junior-junior vs. junior-senior)
- Mentee’s responsibility – prepare a thoughtful agenda
- Mentors’ responsibility – to be ‘present’
Have one that both mentor and mentee have agreed upon before

Summary of work since last meeting (grants, papers)

Were goals met? Why and why not?
  - Discussion of summary statement and critiques from submitted papers

Big picture discussion – is the research heading in the right direction?

Other inspiring papers/investigators in the field

List of goals for the next period

Work/life balance; hobbies
Mentorship teams evolve
Your institution may not have all the expertise
The Clin-STAR Coordinating Center
‘organize activities and provide resources for the cultivation, connection, and synergy of clinician-scientists in aging research from disparate specialties across the US to address these needs’
Clin-STAR meetings, activities at AGS
Database, Webinars
Mentor-mentee matchups
Resources
Focus on Rising Stars

- Clin-STAR unique in their focus on rising stars
- You matter, your success matters
- Goal is to match with mentors that care about you, your work and your research agenda to improve care of an aging demographic
- Work is important, mission is critical, time is now and we need you!
Helpful Career Development Articles