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# **Identifying a Strong Mentoring Team in Aging-X**

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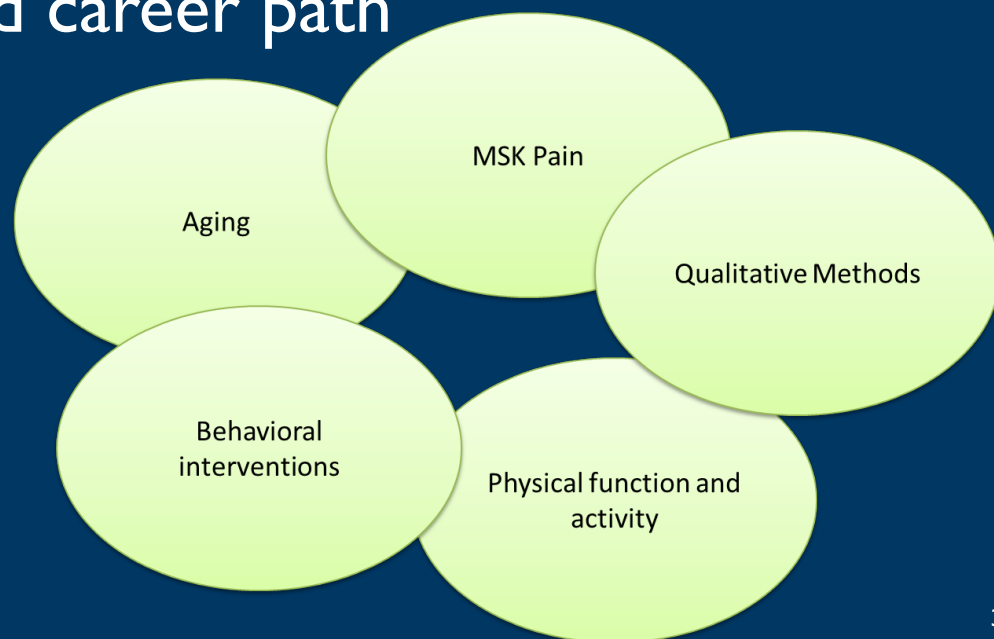
**July 26, 2021**

# 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



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# **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  
Geisinger  
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



# Surgeon-Scientists in Aging Research

- 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!



Terrence Murphy, PhD  
Yale



Harvey Cohen, MD  
Duke



Carmit McMullen,  
PhD  
Kaiser Permanente



Matthew Nielsen, MD, MS  
UNC



H. Lester Kirchner, PhD  
Geisinger

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



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# **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**

# My Background/Experience

- 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 (10<sup>th</sup> 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



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# **Making the Most of Mentorship Meetings and Resources**

Lona Mody, MD, M.S.

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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'

# Mentor-Mentee Agenda Topics

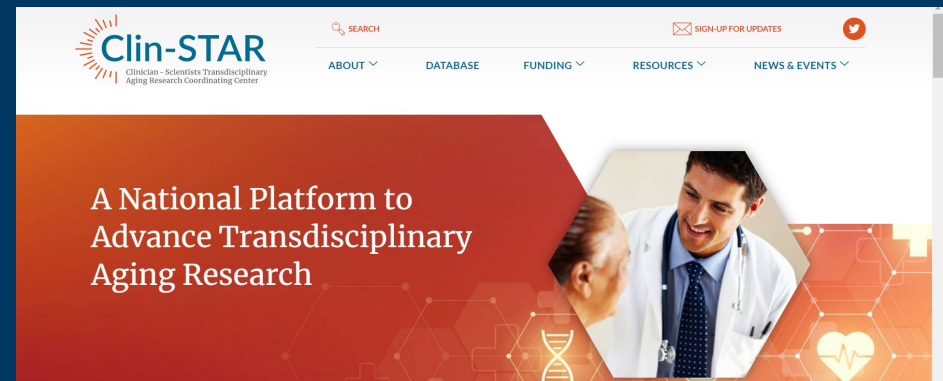
- Have one that both mentor and mentee have agreed upon before
- Summary of work since last meeting (grants, papers)
- Were goals met? Why and why not?
  - Discussion of summary statement and critiques from submitted papers
- Big picture discussion – is the research heading in the right direction?
- Other inspiring papers/investigators in the field
- List of goals for the next period
- Work/life balance; hobbies

# Clin-Star Coordinating Center

- 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

## ACADEMIA AND CLINIC

### An Evidence-Based Guide to Writing Grant Proposals for Clinical Research

Sharon K. Inouye, MD, MPH, and David A. Follin, MD

The competition for funds to conduct clinical research is intense, and only a minority of grant proposals receive funding. In particular, funding for patient-oriented research lags behind that allocated for basic science research. Grant writing is a skill of fundamental importance to the clinical researcher, and conducting high-quality clinical research requires funds received through successful grant proposals. This article provides recommendations for the grant-writing process for clinical researchers. On the basis of observations from a National Institutes of Health study section, we describe types and sources of grant funds, provide key recom-

mendations regarding the process of grant writing, and highlight the sections of grants that are frequently scrutinized and critiqued. We also provide specific recommendations to help grant authors improve the quality of areas commonly cited as deficient. Application of this systematic approach will make the task more manageable for anyone who writes grants.

Ann Intern Med. 2008;142:274-282.

www.annals.org

High-quality clinical research is essential to understanding disease and improving health care. Each research proposal should provide the potential to add to the existing body of knowledge, to advance understanding, and to alleviate human disease and suffering. However, converting the proposal into reality requires grant funding. In this era of budget cuts and deficits, obtaining peer-reviewed re-

search and comments on grant applications during peer review, and provides recommendations based on this evidence. While some principles may apply to basic science grants, this article is primarily intended for clinical researchers carrying out patient-oriented research. This article is not intended to provide instruction on conducting clinical research. More detailed information on conducting clinical

## SPECIAL ARTICLES

### Leadership Lessons: Developing Mentoring Infrastructure for GEMSTAR Scholars

Christopher R. Carpenter, MD, MS,\* © Arti Hurria, MD,<sup>1</sup> Nancy E. Lundeborg, MPA,<sup>2</sup> Louise C. Walter, MD,<sup>3</sup> and Lona Lody, MD, MS,<sup>2</sup>

See related editorial by High et al. in this issue.

Through the National Institute on Aging's (NIA's) "Grants for Early Medical/Surgical Specialists" Transition to Aging Research (GEMSTAR) U13 grant, the NIA and the American Geriatrics Society (AGS) developed three transdisciplinary research conferences with a focus on mentoring and leadership skills development. The NIA's GEMSTAR program evolved from two earlier programs, the AGS Dennis W. Jahnigen and the Association of Specialty Professors' T. Franklin Williams Career Development Scholars Awards. It supports the continued cultivation of the next generation of medical and surgical specialty researchers with an inter-

Key words: geriatrics; specialty; specialties; research; mentoring

In 2010, the National Institute on Aging's (NIA's) Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSTAR) was announced. This mechanism evolved from two earlier programs, the Dennis W. Jahnigen

## EDITORIAL

### Leadership Lessons: Building and Nurturing a High-Performing Clinical Research Team

Leading a successful research program is akin to running a business. Both depend on innovation, collaboration, and reputation for success, yet few young investigators are prepared to lead their teams as they launch independent careers. To achieve their research and career goals, new principal investigators (PIs) must go beyond the science and refine their leadership and mentorship skills early in their careers.<sup>1,2</sup>

In this article, we outline the three core research leadership components—developing a mission and vision, building composition and communication, and nurturing the team (positive team-building strategies for long-term success). These components are scalable and applicable to a broad range of investigators and types of clinical research. In Table 1, we outline case scenarios and summarize strategies for building and leading a research team.

#### Mission and Vision Statements as a Research Compass

Every research team must have a mission and a vision statement. The mission statement for a research group

appropriate individuals for a project is paramount to the success of any team. Specific roles will vary based on the type of research being conducted and the funding available.

**Composition of a Clinical Research Team.** In a clinical research group with funding, having an experienced project manager who can help coordinate and organize the team (including research assistants and associates to conduct field work) is beneficial. A project manager can also assist with regulatory paperwork and delegate tasks (e.g., survey administration, focus groups, data entry). Research associates perform day-to-day research activities, collect clinical data, enter data and help prepare reports and data tables. Data analysts help with data cleaning and management and must be engaged early in the process of planning and data collection. Team science often involves collaborating with experts in related fields, including medical and surgical subspecialties, biostatisticians, and implementation and dissemination science. Recognizing the necessary expertise and networking early with collaborators is crucial to moving local projects into multicenter trials that have potential for greater effect and reach.

When assembling a research team, it is important

## JGIM

### REVIEWS

#### Demystifying the NIH Grant Application Process

Kathina M. Berg, MD, MS,<sup>1</sup> Thomas M. Gill, MD,<sup>2</sup> Aileen F. Brown, MD PhD,<sup>3</sup> Judy Zerzan, MD, MPH,<sup>4</sup> Joann G. Elmore, MD, MPH,<sup>5</sup> and Ira B. Wilson, MD, MS,<sup>2,7</sup>

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#### THE PLANNING PHASE

Before writing an NIH proposal, investigators must consider several critical questions, including which NIH Institute to target, whether to respond to a particular funding announcement, what grant mechanisms to use, and how to leverage both scientific and administrative resources at their home institutions. A wealth of information is available on NIH Web sites, including a glossary of commonly used acronyms (Table 1).

KEY WORDS: clinical research; academic medicine; NIH funding; grants.

## SPECIAL ARTICLES

### Succeeding in Aging Research During the Pandemic: Strategies for Fellows and Junior Faculty

Andrew B. Cohen, MD, DPhil,<sup>1</sup> © Anna L. Parks, MD,<sup>2</sup> Heather E. Whitson, MD, MHS,<sup>3</sup> © Susan Ziemann, MD, PhD,<sup>4</sup> Cynthia J. Brown, MD, MPH,<sup>5</sup> © Cynthia Boyd, MD, MPH,<sup>6</sup> Kenneth E. Covinsky, MD, MPH,<sup>7</sup> and Michael A. Steinman, MD<sup>8</sup>

Fellows and junior faculty conducting aging research have encountered substantial new challenges during the COVID-19 pandemic. They report that they have been uncertain how and whether to modify existing research studies, have faced difficulties with job searches, and have struggled to balance competing pressures including greater clinical obligations and increased responsibilities at home. Many have also wondered if they should shift gears and make COVID-

In May, we became increasingly concerned about how the COVID-19 pandemic was affecting clinician-investigators at the early stages of their careers. We reached out to the members of the Junior Faculty Research Special Interest Group at the American Geriatrics Society (AGS) and asked them about the challenges they were facing.

Several issues arose repeatedly in their comments to us. Research fellows and junior faculty were unsure how and whether to modify projects because of COVID-19

## Viewpoint

February 2018

### Will You Be My Mentor?—Four Archetypes to Help Mentees Succeed in Academic Medicine

Vineet Chopra, MD, MS,<sup>1,2</sup> Vineet M. Arora, MD, MAPP,<sup>3</sup> Sanjay Saini, MD, MPH,<sup>1,2</sup>

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The origins of mentoring date back to Odysseus, who entrusted care of his son to Mentor when he set off to fight the Trojan wars. Mentor became a trusted advisor, teacher, and friend to Telemachus, epitomizing the attributes that we look for even today when discussing a mentor. Many textbooks and articles in multiple disciplines have been written about the art of mentorship.<sup>1</sup> For example, in medical education, advising programs and professional development during clerkships provide mentoring.<sup>2</sup> In a collaboration of mentee and mentor, Straus and Sackett,<sup>3</sup> a pioneer in evidence-based medicine, highlighted the following evidence-based reasons why academic clinicians benefit from mentoring: they