What’s New – May 17, 2019

News from Our Associate Chair for Research—Dr. Quentin Clemens

As part of my new role as Associate Chair for Research, Dr. Palapattu has asked me to develop a 5-year strategic plan. To help with this, I have obtained and reviewed the summaries of all current externally-funded research grants by our faculty and fellows. I have reviewed the research budget with Marie Eddy and Tasha Garwood. I have met with each Division Chief and with Dr. Kraft to discuss research, and I have attended the Residency Program Evaluation Committee and a resident research review. I have also met with Steve Kunkel (executive vice dean for research in the Medical School and chief scientific officer for Michigan Medicine) and attended my first Medical School-wide Associate Chairs for Research meeting. The strategic plan is a work in progress, and will continue to evolve over time. To date I have identified a number of priority areas:

1. **Maintain the existing Departmental research machine.** I am cognizant that we do not want to focus on new areas at the expense of potentially weakening our existing strengths. Our Department is a research powerhouse, and we benefit from strong support (paperwork, IRB, grant preparation and renewal, research coordinators, etc.). The talented people who are in charge of these activities make all of our research lives easier, but also help us to maintain high standards in documentation and safety. Keeping these structures in place is very important. In addition, we may find a need to assist our established researchers with equipment expenses, short-term personnel needs or pilot/bridge funding in anticipation of upcoming grant submissions. We also need to be opportunistic in identifying new research faculty who complement our strengths and provide opportunities for us to capture more of the external research funding pie.

2. **Resident research.** I believe that the relationships that develop between faculty and resident while conducting research are very valuable, and are substantially different from the hectic interactions that typically occur in the clinic and OR. I have enjoyed observing the ideas and energy that the residents have expressed related to research. We hope to provide more time for resident research by mandating that ½ day per week be protected for the residents during the PGY2-5 years. It appears that this protected time will be possible on most (but not all) rotations. In addition, we will be holding a resident research forum in June each year, where each resident will be expected to present his/her research results from the preceding year. We will be encouraging the residents to identify short-term projects which can be completed in a year or less, along with more ambitious, long-term projects. This of course will require substantial investment and input by the faculty to help identify and conduct the studies collaboratively with the residents. Based on my discussions with Dr. Kraft and Dr. Ambani, I believe that these changes will be initiated starting July 2019.
3. **Junior faculty.** We have a substantial number of junior faculty who were hired at 80-90% clinical effort. Most have significant research interests, and I would like to help support these interests. My initial idea is to have these faculty members list a few research ideas, with aims/hypotheses, and then meet with me to discuss. If we can identify some common themes, then hopefully we can look to provide resources which benefit numerous faculty at once (this could include personnel, training needs, courses, institutional grants etc). The goal of these projects is to not generate externally-funded grants, but rather to support departmental 'home-grown' research and to enhance the academic careers of the junior clinical faculty. I also expect that these projects will be excellent opportunities for collaboration with the residents.

4. **Medical student research.** I would like to develop a standard approach for identifying and mentoring medical students who have interest in conducting research with us. I would suggest that I be the primary contact person who will take responsibility for following up with all such requests. I will solicit faculty volunteers to serve as mentors, and can also follow up with the students to assess their experience.

5. **Institutional data resources.** MiChart has been in place since 2015, providing a robust database with significant follow-up which can be queried using tools such as Emerse and Data Direct. In addition, Anesthesia has a unique and rich database of prospectively collected perioperative data, and there is a separate database where genotype data have been collected on all operative patients who consent to this. In my opinion these resources are underutilized, and I hope to promote departmental research opportunities using them. To start this discussion, I have invited Erin Kaleba (Director of the Research Data Warehouse and the Data Office for Clinical and Translational Research at Michigan Medicine) to speak at Grand Rounds on August 22.

6. **Industry sponsored research.** This area is the least developed, but I would like to investigate potential barriers (if they exist) to conducting industry-sponsored research/trials in our Department. These studies can result in high-profile publications and can potentially yield revenue to offset our research expenses.