Purpose of meeting: to gather feedback from faculty on development of basic science priorities for next 5 years.

Issue: CWRU SOM relies too heavily on federal funding (specifically NIH funding) for revenue – over 75%. Not enough coming from philanthropy or industry partnerships.

Introduction
- Med school capital campaign starts June 2012. They are looking for $350M. What will be the ask for basic sciences? $ What will we do with the money?
- Basic science investment strategy: Invest some of the $ in funding faculty/chair proposals
  o Open competition for the money
  o Accept proposals from any faculty or faculty group
  o Proposals would weigh heavily towards recruitments
  o Other options are available – discuss today
- Not all money would go towards this, and this strategy could be supported from other sources as well as the initial ask

Question and Answer Session
Question: designate endowment and income for a basic science research fund?
Answer: no, it is a better strategy to find specific donors for specific lab projects, plus we already have endowed professorships which are protected long-term funds

Question: Clear that enhancing basic science/clinical research interactions is important, clear this has been a missed opportunity in the past, is there a “bucket” of the money that can be used to help enhance these interactions?
Answer: We can’t have strong interactions if we don’t have a strong basic sciences research program. We are working from the ground up on this and yes we could indeed propose a "bucket" for pilot project to enhance these interactions.

Question: It sounds like the proposals and the priorities are open to whatever is proposed by the faculty. Wouldn’t it be important to establish a schedule of milestones to reach in the 5 year plan?
Answer: It’s too difficult to know what the future of medical research will be in 5 years, it changes so quickly. We don’t want to leave anyone out. And we are predicting that there will be no lack of faculty proposals and recruitments to consider.

Question: What are the most pressing needs now?
Answer: current and near-future chair searches: EPBI, BME, NS, G&GS, but these shouldn’t dominate entirely for the next 5 yrs, other priorities and ideas should be included

Question: is the capital campaign the sole source of these proposals and basic science funding?
Answer: no, it’s $ from the capital campaign PLUS current and future operating budgets

Question: Why BME?
Answer: It’s half a SOM department, it’s a joint department shared by both schools

Question: Is all the $ allocated to recruitments? Or will some be for program development?
Answer: yes both, but recruits affect program development so they will be a major part of this. Can do separate and specific program based on philanthropy through the development office to get money for other lab/dept programs.
Question: Costs to PIs are very high for core usage, there are subsidies for cores but can we use a “bucket” of money to help increase subsidies so that PIs can get preliminary data to increase the chances of getting new grant funding?
Answer: Nationally, cores provide about 30% subsidy to PIs. CWRU follows that trend but not evenly – animal facility subsidizes more than 30% of costs. We are working to even out those subsidies. Center for Translational Science Core Utilization Pilot grants help - $10K each and come from a variety of sources. Note: do not have to be using human subjects to be eligible for Core Pilot grants, animal models of disease are eligible.

Question: Enhancement of faculty – can we use a “bucket” of money to provide a fund for sabbaticals for faculty to learn a new technology and bring it back to CWRU? It’s being done at other universities.
Answer: Sounds like a very interesting idea, please send me the link to look into it further

Question: Process question – where does the faculty priority and departmental input fit into the strategic plan? It looks like you’ve already mapped out the plan, so where would all these new ideas fit?
Answer: not sure, this is a long term process. Some of the ideas can be acted on immediately. The development office is ready to move NOW. If there are specific ideas that fit with a particular donor, it can be addressed now instead of later.

Question: Is there a committee to help go through all these ideas?
Answer: not yet, but there is a plan to have an external review panel, and to have the dean, maybe faculty council help put together a committee to review the proposals

Question: Key Disciplines and Key Technologies. Imaging should be on there, it is an overarching technology that deserves to have its own place. I admit I have a bias towards Imaging.
Answer: where do we stop though? Should stem cells be included on a separate line? Proteomics? We can’t dilute the structure too much.

Question: How do you plan to structure the proposals? Like an R01?
Answer: Some of the money will be for recruitments, so no, not like an R01. Will we be funding straightforward research projects? Probably not. Pilots? Maybe. Faculty development activities? Likely. So the structure is unknown at this point.

Question: Pilot program question. Will there be funding available for “basic basic” research? Things that are not directly linked to a disease? People study in yeast and slime molds.
Answer: good question, should be addressed in plan

Question: the current precedent is that grad students are too expensive, faculty cannot afford them. However, a vibrant grad program is essential to the long-term health of the basic sciences, and can help unify departments. How do we change that culture?
Answer: Personally I think the tuition model is a problem and we can’t change the culture until we change that. I have Alison Hall working on a research training strategic plan. Most labs can’t get away with no grad students, they NEED them.

Question follow-up: Can we get a “bucket” of money to help support grad research?
Answer: I’m fighting for that. I’m fighting to help equalize the importance of grad ed and med ed. But I need help with this. The faculty need to support research training. I also believe the BSTP payback model is flawed, and it discourages faculty from taking on grad students.
Question: We need to encourage thinking of grad students as the main driver to research dollars – we rely on grad students to get funding.
Answer: We need a smoother path to get grad students onto those R01s.

Question: If the plan is for faculty to decide where to build programs, aren’t we taking chairs out of the equation? How will that be successful if the chairs have no say?
Answer: No, the plan is to allow flexibility in the ways ideas bubble up. We are not cutting out the chairs, but not all departments are transparent and open to ideas from faculty. We are looking for more competition and openness, but we aren’t going to recruit people if they are not welcome into a dept.

Question: Translational research problem. Basic researchers cannot always find clinical partners, especially “basic basic” researchers.
Answer: We actually do it pretty well here. How do we encourage this without forcing collaborations? We are considering earmarking some of the pilot funding for only new collaborations.

Question: Collaborations between departments – sounds like you could be creating dueling silos. How can we make the two departments work together?
Answer: we want to encourage it, but we need to be careful not to set up arranged marriages, can't force anything.

Question: Comment on process – please make this as transparent as possible. Don't do back room deals when deciding where the money will go.

Question: With competition for grants and demands on PIs, the education part is difficult to manage. Can we have a “bucket” for teaching? To relieve the pressure on investigative faculty?
Answer: no, a PI should be involved in the curriculum. We don't want them to wall themselves off, we need them to be on committees and teach classes. Some faculty are teachers, and that's okay, but we need the diversity.

Question: Clinical/basic collaborations – where are the clinical faculty? They are so focused on RVUs, some clinical departments have NO research. Can we invest in clinical research faculty?
Answer (Mukesh Jain): Some clinical departments are strong in research, and we will focus on those departments. We can't do it all in all depts. But we put it to the clinical chairs to encourage research. We try to address and identify money to recruit clinical research faculty, and we can ask the hospital to match that money 1:1 for research recruits. Yes some clinicians are very focused on RVUs and have no time for research, but some are very serious research scientists.

Question: Your diagram is missing BME. We work at the interface of basic and clinical research.
Answer: BME is missing from the diagram but not from my heart. It is in the middle but we agree it plays and integral part at the interface (note: BME listed as key enabling technology).

Question: Interactions between basic and clinical researchers is critical, but surgical scientists especially are almost extinct. Less than 1% across the country are doing research, there is just no time allotted for it.
Answer (Mukesh Jain): do we make a “bucket” for mentoring and development of clinical research faculty? If so, which areas do we support? We do provide training but support needs to come from the hospital and chairs. We will not get reduced RVUs but might find funding to add extra staff to make up the RVUs so the researcher can have protected time. It's going to be a small group of people though, doing the research.
This could work better if they partner with a basic science researcher. Clinical faculty rarely have time to run a lab, even if they can get an R01. This will likely be the model we pursue here.

**Question:** Once the collaboration happens between two departments, how is the project monitored? How are their metrics going to be assessed? Could a person be assigned as a project leader to oversee a number of cross-disciplinary collaborations, to ensure success?

**Answer:** CAPT now recognizes team science and team scientists have been given tenure.