PRESENTATION: Clinical Research Strategic Plan – Susanne Hildebrand-Zanki and Margaret Tempero

Margaret Tempero provided an overview of the Clinical Research Strategic Plan. The development of this plan included information collected this year from a series of interviews with industry representatives. These interviews were conducted by consultants from AMC Strategies, and they found that while industry does value partnering with UCSF, they also have a number of issues with the way clinical research is handled. Complaints include: the process is too complicated; there is too much bureaucracy; UCSF often does not accrue what we promise, etc. The overall impression is that working with UCSF can be difficult, and that the process should be improved. The consultants, along with a steering committee chaired by Margaret and Susanne, reviewed the information collected at the interviews, and established six main goals to improve this experience at UCSF. These goals are based on the following vision for UCSF - to be the world’s preeminent health sciences innovator in clinical and translational research. Strategies and tactics were then established to work towards these goals. Highlights of goals and tactics include:

- **Goal**: Enhance dedicated resources and leadership to transform clinical and translational research.
  **Tactics**: Create a new clinical research institute – a dedicated office to serve as the organizing entity and recognizable institutional home for clinical research at UCSF, headed by new AVC for Clinical and Translational Research.

- **Goal**: Be the workplace of choice for top clinical and translational research professionals.
  **Tactics**: Create integrated spaces that allow for designated research space as well as space for support staff; explore ways to work with spaces that are used for both research activities and clinical operations.

- **Goal**: Expedite the translation of transformative UCSF discoveries to improve health.
  **Tactics**: Improve interactions between clinical investigators and basic research to promote translational science.

- **Goal**: Increase patient opportunities to contribute to clinical research.
  **Tactics**: Create a synergistic relationship between clinical research and the clinical enterprise through joint initiatives with the medical center, and greater involvement in campus planning - new AVC for Clinical and Translational Research will sit on the Health Steering Committee.

- **Goal**: Position UCSF as a preferred partner for conducting high quality clinical research.
  **Tactics**: Focus on making things easier for industry, making sure they know who to contact with problems, and consider offering a concierge-like service to help industry partners connect with investigators for potential collaborative projects or sponsored research.

- **Goal**: Develop future leaders in clinical and translational research.
  **Tactics**: Continue to focus on career development, and develop a systematic approach for training people to be clinical investigators, and create a culture around focusing on what clinical investigators need to get started.

Questions/Comments:

- Is there a model we can look at for the concierge service? The Cancer Center has a protocol concierge, and it is working well. The comment was made that CTSI has done something like this as well, and may be worth reviewing.
• Is there enough industry support to cover the cost of these improvements? Industry initiated research is historically overfunded, while investigator initiated research is underfunded, so we hope to be able to reach a balance.
• Washington University has a model for integrating research that may be worth considering - study descriptions for all studies relating to a patient’s treatment automatically go out to patients, asking if they may be interested.
• Who is industry going to instead of UCSF? Places that offer a larger number of patients are desirable. The Mayo Clinic and Memorial Sloane Kettering are very successful.
• Are we concerned about pricing ourselves out of the market? Money is not an issue – as long as we deliver, industry will pay what we ask.
• Industry is very good at tracking results - when we don’t deliver, we end up on a blacklist, and will not get called again. We are already on some of these lists and should do all we can to avoid getting on more.
• Has there been an attempt to determine cost? We are working on this, and plan to budget in phases.
• Do you see this as being something we will all participate in, or will we be able to opt in or opt out as needed? We plan to augment and fill gaps that exist without dismantling things in place, such as the Cancer Center, Cardiology, etc. So these areas will not go away, but may also benefit from these changes.
• These ideas are inspiring, but there is a concern that this may be too ambitious, and/or that we do not have the money to be successful.
• The idea of collaborative spaces in close proximity is very desirable. The University of Michigan’s new Depression Center is a great model - patients come in on first floor, and researchers are housed on the second floor.

Next Steps: Susanne Hildebrand-Zanki will send out a revised version of the slides, as well as the results of the industry interviews.

PRESENTATION: Research Development Office (RDO) Faculty Development and Training Resources - Gretchen Kiser
Gretchen Kiser presented information on a brainstorming session that the RDO will be hosting in January, focused on faculty development and training, to identify what trainings we currently offer versus what we need. The RDO identified this need due to the questions often asked by new investigators working on large grants, and the general need for more comprehensive training of faculty on campus. The goal of the brainstorming session will be to identify training that is already available on campus, where it takes place, and also to identify gaps. The following five broad topic areas will serve as the framework of the session:

1. Technical Skills – informatics, biostatistics, etc.
2. Career Management – navigating HR, research networks
3. Fiscal Management – grant/proposal writing, budget management
4. Teaching/Education – oral presentation skills, curriculum development
5. Research Enterprise Management – project management, people management, lab management

The RDO plans to serve as a resource for faculty, so that they know where to go for help. They also plan to compile an online compendium of available trainings. Gretchen asked the group to provide comments on the discussion areas, and to offer suggestions for additional topics.

Comments:
• Much of training happens on the department level and is department-specific - information may not apply to everyone.
• The compensation plan should be highlighted, when discussing HR.
• Consider training around the hiring of specific kinds of staff, as well as the process for bringing on volunteers, and visiting scholars – often hiring of different types of people is handled very differently and can be confusing.
• It would be great to be able to offer examples of best practices online - YouTube modules, etc.
• Consider training focused on disclosures and Conflict of Interest.

Charge to the Research Advisory Group (RAB)
• To provide input to the Office of Research, and ultimately the EVC&P, about the needs of investigators and administrators in conducting research and administering extramural funds.
• To guide priority setting and critical assessment of quality improvement efforts in the Office of Research
• To work with the Office of Research staff to ensure the successful implementation of the current Quality Improvement Project
Who will the invitations go to for the brainstorming session? We have identified specific people from each organization listed on slide, usually the Faculty Affairs person from each school, and then they will send designees, etc.

**Next Steps:** Please contact Gretchen if you are interested in receiving an invite for the session in January, or to suggest others who should be invited, or other topics to consider.

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**Charge to the Research Advisory Group (RAB)**

- To provide input to the Office of Research, and ultimately the EVC&P, about the needs of investigators and administrators in conducting research and administering extramural funds.
- To guide priority setting and critical assessment of quality improvement efforts in the Office of Research.
- To work with the Office of Research staff to ensure the successful implementation of the current Quality Improvement Project.
UCSF Clinical Research

Strategic Planning

Final Steering Committee Meeting
September 10, 2014
## Strategic Planning Timeline

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<td><strong>PHASE I - CONDUCT PLANNING RESEARCH</strong></td>
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STRATEGIC FRAMEWORK
UCSF Clinical Research: Finalizing the Strategic Plan

Draft Strategic Framework

Mission

Create an environment that fosters clinical and translational research to advance health.

Vision

To be the world’s preeminent health sciences innovator in clinical and translational research.

Goals

Goal 1: Enhance dedicated resources and leadership to transform clinical and translational research.

Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Goal 3: Expedite the translation of transformative UCSF discoveries to improve health.

Goal 4: Increase patient opportunities to contribute to clinical research.

Goal 5: Position UCSF as a preferred partner for conducting high quality clinical research.

Goal 6: Develop future leaders in clinical and translational research.
UCSF Clinical Research: Finalizing the Strategic Plan

Goals and Strategies (Page 1 of 2)

**Goals**

**Goal 1:**
Enhance dedicated resources and leadership to transform clinical and translational research.

**Goal 2:**
Be the workplace of choice for top clinical and translational research professionals.

**Goal 3:**
Expedite the translation of transformative UCSF discoveries to improve health.

**Strategies**

1.1 Create a Clinical Research Institute with a dedicated office to serve as the organizing entity and recognizable institutional home for clinical research at UCSF.

1.2 Secure new financial resources for programs, services, training and infrastructure.

2.1 Develop designated space where investigators connect and collaborate.

2.2 Provide resources including administrative and project-specific support as well as professional development to make the lives of scientists easier.

2.3 Provide state-of-the-art infrastructure to enhance discovery.

2.4 Recognize and promote accomplishments in clinical and translational research at UCSF.

3.1 Improve interactions between clinical investigators and basic researchers to promote translational science.

3.2 Strengthen capacity to conduct first-in-human and early stage clinical trials.

3.3 Enhance capacity to commercialize and disseminate new knowledge.
Goals and Strategies (Page 2 of 2)

**Goals**

**Goal 4:**
Increase patient opportunities to contribute to clinical research.

**Goal 5:**
Position UCSF as a preferred partner for conducting high quality clinical research.

**Goal 6:**
Develop future leaders in clinical and translational research.

**Strategies**

4.1 Create a synergistic relationship between clinical researchers and the clinical enterprise.

4.2 Increase the proportion of UCSF patients participating in clinical research.

4.3 Seamlessly integrate clinical research activities into clinical operations.

5.1 Design specific and transparent processes for external parties to access and partner with UCSF in clinical and translational research.

5.2 Actively cultivate industry partnerships.

6.1 Provide robust career development support for clinical and translational research faculty.

6.2 Develop and expand formal educational programs to build the clinical and translational science workforce.
Goal 1:   Enhance dedicated resources and leadership to transform clinical and translational research.

Strategy 1.1: Create a Clinical Research Institute with a dedicated office to serve as the organizing entity and recognizable institutional home for clinical research at UCSF.

Tactics:

a. Recruit a Vice Chancellor of Clinical and Translational Research.

b. Inventory existing programs and perform a gap analysis; evaluate how to optimize existing programs (e.g., CTSI, Gladstone, QB3, etc.).

c. Consolidate and organize the following functions under the auspices of the Clinical Research Institute:
   i. Clinical research administrative support staff;
   ii. Professional development and onboarding for new clinical research faculty and staff;
   iii. Liaison with Medical Center for research conducted within the clinical enterprise;
   iv. Space and facilities planning;
   v. Information technology management and development;
   vi. Communication and public relations;
   vii. Business development, internal and external matchmaking;
   viii. Fundraising and development.

d. Support the School of Medicine recruitment plan to balance recruitment of basic and clinical scientists.
Goal 1: Enhance dedicated resources and leadership to transform clinical and translational research.

**Strategy 1.2: Secure new financial resources for programs, services, training and infrastructure.**

**Tactics:**

a. Renew the CTSA grant.

b. Obtain institutional support from campus to cover baseline administrative and leadership costs.

c. Earmark a portion of clinical research indirect costs to provide ongoing support for clinical research infrastructure.

d. Work with University Development and Alumni Relations (UDAR) to pursue philanthropic support and funding from disease-focused foundations.

e. Leverage the Office of Business Development identify and pursue alternative funding sources for clinical and translational research (e.g., industry/biotech and tech, startup funding).
Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Strategy 2.1: Develop designated space where investigators connect and collaborate.

Tactics:

a. Support the implementation of a robust inventory system to track use and availability of space.

b. Assess space requirements and develop a gap analysis.

c. Evaluate various space models; consider the following options:
   i. Designated versus distributed space;
   ii. Newly built space versus reconfiguring existing space;
   iii. Flexible models that enable scaling up or down as needed;
   iv. Thematically organized research neighborhoods.
   v. Hoteling space;
   vi. Virtual methods of connecting investigators.
Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Strategy 2.1: Develop designated space where investigators connect and collaborate. (cont’d)

Tactics:

d. Design attractive, customized, integrated space that accounts for necessary adjacencies such as:
   
i. Desktop space where researchers work collaboratively;
   
ii. Designated space for subjects who are not patients;
   
iii. Space for research that is conducted with “no participant contact;”
   
iv. Support space (e.g., coordinators, ancillary services, research pharmacy, specimen processing and storage);
   
v. Shared cores (e.g., genomics, proteomics core, integrated data repository, GMP).

e. Evaluate impact of open work space (i.e. space at Mission Hall) on faculty productivity and satisfaction.
Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Strategy 2.2: Provide resources including administrative and project-specific support as well as professional development to make the lives of scientists easier.

Tactics:

a. Ensure adequate staff support by providing the following:
   i. Core of highly trained research coordinators.
   ii. Core clinical research support staff (i.e. phlebotomists).
   iii. An efficient and effective patient participant recruitment service.
   iv. Cadre of protocol concierge staff who can facilitate the implementation of protocols.

b. Identify and implement process improvements and increase staffing in:
   i. Budgeting;
   ii. Contracting;
   iii. Regulatory compliance.

c. Provide robust career development support for clinical and translational research faculty. (Strategy 6.1 includes all tactics)
Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Strategy 2.2: Provide resources including administrative and project-specific support as well as professional development to make the lives of scientists easier. (cont’d)

Tactics:

d. Provide expert consultants and mentors to support clinical and translational researchers.
   i. Leverage services and infrastructure available through the CTSI.
   ii. Develop capability in the Clinical Research Institute to help scientists identify and access specialized expertise available at UCSF or within the UC system.

e. Provide pilot grant funding and early career financial support.
   i. Work with clinical department chairs to ensure clinical researchers are provided with the financial resources necessary to be successful at startup. (Links to Strategy 6)
   ii. Leverage existing CTSI programs that provide funding for promising early discoveries and pilot grants.

f. Create a coherent system to support faculty through the commercialization process (e.g., training, patents, disclosure; all of the activities around using IP).
Goal 2: Be the workplace of choice for top clinical and translational research professionals.

Strategy 2.3: Provide state-of-the-art infrastructure to enhance discovery.

Tactics:

a. Leverage existing cores, laboratories, and research support services; conduct an inventory, needs assessment and gap analysis.

b. Ensure existing cores are resourced appropriately to provide streamlined, affordable access for investigators.

c. Implement and enhance specialized core services for clinical and translational research, including but not limited to:
   i. Gene sequencing;
   ii. Biobanking;
   iii. Bioinformatics (e.g., data warehousing, database management, FDA standard data integration);
   iv. Integrated data repository connected to the UC System;
   v. Technology to enable and facilitate patient consent, recruitment, and remote data collection;
   vi. Research pathology services.

d. Develop a mechanism to propagate new cores once a novel methodology becomes widely used.
Strategy 2.4: Recognize and promote accomplishments in clinical and translational research at UCSF.

Tactics:

a. Secure resources to provide competitive compensation for junior faculty pursuing careers in clinical and translational research.

b. Work closely with academic affairs to ensure clinical research is recognized in merit and promotion reviews.

c. Disseminate and promote clinical research success through the following mechanisms:

   i. Clinical symposia;
   
   ii. Clinical research awards;
   
   iii. Existing dissemination resources (i.e., UCSF Public Relations Office);
   
   iv. Website and social media.

d. Develop a formal communications strategy to promote clinical and translational research.
Goal 3: Expedite the translation of transformative UCSF discoveries to improve health.

**Strategy 3.1: Improve interactions between clinical investigators and basic researchers to promote translational science.**

**Tactics:**

a. Leverage and enhance support for existing programs (e.g., CTSI Catalyst, Pathways to Discovery, Research Development Office).

b. Promote and incentivize collaboration and interaction between basic scientists and clinical scientists.
   i. Provide pilot funding and other financial rewards for collaborative projects.
   ii. Develop joint grand rounds; explore options for virtual participation and rebroadcast.

c. Develop capability in the Clinical Research Institute to help scientists identify and access specialized expertise available at UCSF or within the UC system. *(Links to Strategy 2.2)*

d. Identify funding to support thematic or disease-oriented research retreats or for problem-oriented working groups.

e. Develop an exchange program to bring Ph.D. students and basic science investigators to work in clinical settings.
Goal 3: Expedite the translation of transformative UCSF discoveries to improve health.

Strategy 3.2: Strengthen capacity to conduct first-in-human and early stage clinical trials.

Tactics:

a. Expand capacity to conduct early phase drug, device and diagnostic trials.

b. Develop specialized processes and infrastructure geared to meet the needs of trials (i.e. specialized IRB approval processes).

c. Identify and implement process improvements in: (Links to Strategy 2.2)
   i. Budgeting;
   ii. Contracting;
   iii. Regulatory compliance.

d. Support capability to manage a wide variety of novel investigational compounds.

e. Create a multi-site approach to provide specimen processing, space, specialized research pharmacy and GMP.
Goal 3: Expedite the translation of transformative UCSF discoveries to improve health.

Strategy 3.3: Enhance capacity to commercialize and disseminate new knowledge.

Tactics:

a. Leverage activities that foster an active entrepreneurial culture at UCSF.

b. Continue to educate faculty, medical students, graduate students, residents and post-docs on entrepreneurial activities (e.g., writing a business plan, contest to promote technology development and seminar series to promote successful faculty mentors).

c. Foster collaboration with QB3.

d. Facilitate access to the CTSI Catalyst Program.

e. Capitalize on programs and services available through The University of California Center for Accelerated Innovation (UC CAI) to support entrepreneurship.
Goal 4: Increase patient opportunities to contribute to clinical research.

Strategy 4.1: Create a synergistic relationship between clinical researchers and the clinical enterprise.

Tactics:

a. Lobby to include the Vice Chancellor of Clinical Research on the UCSF Health Steering Committee. *(Links to Strategy 1.1)*

b. Demonstrate the financial value of clinical research to the medical center in concrete ways.
   i. Track the financial impact of patients on clinical trials.
   ii. Calculate the return on investment for clinical research.

c. Develop joint initiatives with the UCSF Medical Center.
   i. Focus on the Medical Center’s destination programs and other high-priority initiatives.
   ii. Review the Medical Center’s strategic plan and look for potential alignment opportunities.
   iii. Identify collaborative academic opportunities for Medical Center staff.

d. Educate clinicians about clinical research: the latest techniques, clinical research methods and clinical implications of research findings.
   i. Provide CME on clinical research; leverage the existing CTSI curriculum.
Goal 4: Increase patient opportunities to contribute to clinical research.

Strategy 4.2: Increase the proportion of UCSF patients participating in clinical research.

**Tactics:**

a. Institute a universal routine consent process for all UCSF patients.
   i. Design consent process so that patients opt out rather than opting in to clinical research participation.
   ii. Consider the educational document developed by and used at the NIH.

b. Implement a “trusted broker” mechanism to secure permission to contact patients to participate in clinical trials.

c. Leverage technology to identify and recruit research participants.
   i. Mine medical records to identify patients.
   ii. Rebuild the contact management system driven with APEX data.
   iii. Utilize the tracking system that tracks the proportion of patients in clinical trials.
   iv. Send study descriptions to patients who are billed for related conditions (i.e. the “Wash U” model).

For Group Discussion: Are these tactics feasible?
**Goal 4:** Increase patient opportunities to contribute to clinical research.

**Strategy 4.2:** Increase the proportion of UCSF patients participating in clinical research. *(cont’d)*

**Tactics:**

d. Launch an effective outreach campaign to increase patient awareness and drive clinical research volume.
   
   i. Communicate the value of participating in, and contributing to, clinical research.
   
   ii. Create a study information portal (SIP) for potential industry partners and patients. *(Links to Strategy 5.1)*

    e. Increase awareness and knowledge about clinical research across the Medical Center faculty and staff through internal communication and education.
Goal 4: Increase patient opportunities to contribute to clinical research.

Strategy 4.3: Seamlessly integrate clinical research activities into clinical operations.

Tactics:

a. Develop a system to offer trials at the point-of-care.
   i. Continue redistributing inpatient CTRC space and evaluate outpatient space redistribution.
   ii. Provide standard work expectations for managing inpatients and outpatients on studies.

b. Participate in Medical Center systems development efforts to ensure that systems are designed to support clinical research.

c. Work with Medical Center Operations to align all components of the clinical enterprise to support clinical research. (e.g., lab, pharmacy, registration, nursing, radiology, pathology, inpatient and outpatient)

d. Engage the Medical Center to ensure that clinical research space needs are included in planning for all new or remodeled clinical space.
   i. Design space for co-utilization and flexible use.
   ii. Ensure space requirements are considered for coordinators, patient reception, storage.
   iii. Develop a proportional standard that specifies a percentage of clinical space to be set aside for clinical research in all clinical settings; consider:
      ▪ Relating space distribution to clinical research income;
      ▪ Developing a fixed standard, such as 10 percent of all clinical space.
   iv. Treat Medical Center space as an in-kind contribution to support clinical research.
Goal 5: Position UCSF as a preferred partner for conducting high quality clinical research.

Strategy 5.1: Design specific and transparent processes for external parties to access and partner with UCSF in clinical and translational research.

Tactics:

a. Position the Clinical Research Institute as the designated point of access (“front door”) for industry seeking to partner with UCSF. (*Links to Strategy 1.1*)

b. Identify bottlenecks; implement needed process improvements and provide the requisite resources to enable capacity for growth.
   
i. Leverage process improvement initiative already underway in Committee on Human Research (CHR).
   
ii. Benchmark staffing levels in critical areas, such as CHR and Contracting. (*Links to Strategy 2.2*)
      
      ▪ Ensure staffing is commensurate with national benchmarks in order to address key industry concerns and to drive greater throughput (e.g., turnaround times and service levels).
      
      ▪ Support a short term infusion of staff in these critical areas to address immediate needs.

c. Evaluate UCSF’s cost structure to ensure it is not a barrier to industry partnerships.

d. Seek efficient ways to achieve IRB approval such as use of commercial IRB or IRB reciprocity through UC BRAID.
Goal 5: Position UCSF as a preferred partner for conducting high quality clinical research.

Strategy 5.1: Design specific and transparent processes for external parties to access and partner with UCSF in clinical and translational research. (cont’d)

Tactics:

d. Create a study information portal (SIP) for potential industry partners and patients. *(Links to Strategy 4.2)*

e. Offer a concierge-like service to help industry partners connect with investigators for potential collaborative projects or sponsored research.
   
   i. Create a central resource to profile UCSF faculty investigators expertise and interests.
   
   ii. Provide a way for PIs to indicate their willingness/availability to field new studies.

f. Leverage specialized expertise to manage investigator-initiated multi-center trials; identify:
   
   i. Regulatory infrastructure to monitor external trials.
   
   ii. Project management and recruitment capabilities.

g. Develop systematic, transparent and streamlined guidelines and processes and a robust dashboard to track performance.
Goal 5: Position UCSF as a preferred partner for conducting high quality clinical research.

Strategy 5.2: Actively cultivate industry partnerships.

**Tactics:**

a. Develop a formal communications strategy to promote clinical and translational research capabilities and accomplishments.

b. Forge strategic partnerships with industry to enhance translation of UCSF discoveries and to bring UCSF discoveries into the commercialization pipeline.

c. Take advantage of existing business development activities that are underway; consider non-traditional partners in Silicon Valley.

d. Leverage capabilities in first-in-human, early stage trials. *(Links to Strategy 3.2)*

e. Promote expertise in precision medicine as a resource to precisely identify patient cohorts for studies.

f. Capitalize on UC-wide IRB reciprocity and UC BRAID activities; educate industry on the opportunity to field trials across the UC system.
Goal 6: Develop future leaders in clinical and translational research.

Strategy 6.1: Provide robust career development support for clinical and translational research faculty.

Tactics:

a. Develop a systematic approach to prepare new UCSF faculty to be efficient and effective clinical investigators.
   i. Develop required curriculum for all new faculty at UCSF.
   ii. Teach faculty how to navigate the organization; develop clear guidelines, roles, responsibilities and processes for conducting clinical research.
   iii. Leverage training and education available through the CTSI.

b. Support young researchers to ensure their needs are met; provide assistance in the areas of:
   (Links to Strategy 2.3)
   i. Access to Cores;
   ii. Release time;
   iii. Space;
   iv. Mentorship;
   v. Professional development;
   vi. Funding.

c. Work with clinical department chairs to ensure clinical researchers are provided with the financial resources necessary to be successful at startup. (Links to Strategy 2.4)
Goal 6: Develop future leaders in clinical and translational research.

Strategy 6.2: Develop and expand formal educational programs to build the clinical and translational science workforce.

Tactics:

a. Leverage and expand CTSI mentorship and training programs to provide program offerings aimed at meeting the needs of a broad spectrum of research professionals (e.g., nurses, lab techs, pharmacists, research data managers, research coordinators); consider:
   i. In-service training;
   ii. Online training;
   iii. Certificate programs.
   iv. Explore ways to broaden participation to include research professionals outlined above.

b. Support and promote existing clinical and translation research degree-granting programs.

c. Work with the Medical Center to ensure that medical center staff are equipped to support clinical research activities in the course of routine care.
Faculty Development and Training: what we have and what we need

A brainstorming session convened by the Research Development Office

Gretchen Kiser, PhD
Research Development Office
7 October 2014
1. **Technical Skills**: e.g., informatics, experimental design, biostatistics

2. **Career Management**: e.g., HR system, research networks (Profiles, LinkedIn, ResearchGate, SciENcv, etc.), social media, work-life balance

3. **Fiscal Management**: (e.g., grant/proposal writing, funding portfolio planning, budget management, clinical practice finances)
Broad Topic Areas

4. Teaching/Education: e.g., train-the-trainer, pedagogy, oral presentation skills, curriculum development

5. Research Enterprise Management:
   a. Research Project/Lab Management: e.g., project management, resource management, progress report prep, publication strategy, manuscript writing/written presentation skills
   b. People management: e.g., inter-personal skills, team skills, mentor/mentee
Faculty Development and Training: what we have and what we need

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Planned Invite List include faculty and staff from:

- Academic Affairs
- Academy of Medical Educators
- Center for the Health Professions
- CFAR mentoring program
- CTSI
- GHS
- Library
- OCPD
- Office of Research
- SOD
- SOM
- SON
- SOP
- Student Academic Affairs
UCSF Faculty Training: Brainstorming Event
Research Development Office
Friday, January 16, 2015 from 10:00 AM to 12:30 PM (PST)
San Francisco, CA

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