NIH Announces Diversity Program Consortium

UW-Madison Team Receives $2.2 Million through National Research Mentoring Network

On October 22, the NIH announced the award of $2.2 million to UW-Madison to serve as the national hub for research mentor and mentee training within the National Research Mentoring Network (NRMN). NRMN is part of a broader Diversity Program Consortium announced at the same time (commonfund.nih.gov/diversity/index).

The total nationwide award to develop and support NRMN is $19 million for five years. Leaders of the Mentor Training Core include the ICTR mentoring group, and additional experts from UW and other institutions (see p 4).

The five leaders of the NRMN consortium (see p 4) will work together and also partner with over 30 professional scientific societies and numerous colleges and universities, including 20 historically Black colleges and universities, a consortium of Hispanic-serving institutions, organizations supporting tribal colleges, numerous minority-serving organizations, and NIH-funded centers.

Christine Pfund, PhD, UW site PI and director of the NRMN Mentor Training Core, remarks, “NRMN will be a nationwide consortium to enhance the training and career development of individuals from diverse backgrounds, communities, and cultures who are pursuing biomedical, behavioral, clinical, and social science research careers through enhanced networking and mentorship experiences.”

“We are very proud to be part of this NIH-led effort to diversify the biomedical workforce. A primary goal of NRMN is to address the disparities in the full participation in biomedical research by underrepresented minorities, and we already have evidence that the research mentor training developed at UW can make a difference,” adds Christine Sorkness, PharmD, UW site co-investigator and ICTR senior associate executive director.

Mentoring research at UW ICTR

With the establishment of the UW ICTR in 2007, the ICTR Research Education and Career Development (REC) core joined a vibrant local community at UW-Madison dedicated to developing, evaluating, and disseminating evidence-based curricula to train research mentors and mentees in establishing effective mentoring relationships (see p 4). Effective mentoring is a cornerstone of career development for scholars in many fields, including clinical and translational researchers.

The ICTR REC core focused on tailoring existing curriculum to be more specific for training and evaluating mentors for biomedical researchers. In addition to support from the NIH Clinical and Translational Science Award (CTSA) that supports ICTR, the ICTR research mentoring group successfully competed for NIH supplements to support their investigations into best practices for mentoring clinical and translational researchers at CTSA sites.

In collaboration with 15 other CTSA sites, between 2009 -2011, the ICTR-led team adapted the Entering Mentoring curriculum developed earlier on campus for training research mentors of clinical and translational researchers. This adapted curriculum was tested via a randomized...
Every fall, this newsletter has a Back-to-School issue featuring our incoming Clinical Investigation students and other news pertinent to career development and training. It’s an issue that gives me a great deal of pleasure to read, both because of the promise inherent in our new scholars and also because I know how successful past scholars have been.

To date, the graduate program has had 17 MS graduates and five PhD graduates. This speaks to how focused the clinical and translational students are, because the MS and PhD programs just started their 6th and 5th years, respectively.

Remarkably, the faculty Executive Committee for the Clinical Investigation degree program recently discovered that more than 135 faculty members at UW-Madison and Marshfield have contributed to the program. Their hard work and dedication are a large part of the program’s success so far. Hats off!

Another program we are celebrating in this newsletter is the wildly successful research mentoring team in the ICTR Research Education and Career Development core. Please take a moment to read the lead story and learn about this team’s activities. The ICTR-led team adapted UW campus mentoring initiatives to fit the needs of training mentors for the next generation of clinical and translational researchers, using an evidence-based approach that led to publications and nationwide dissemination of specialized training materials.

These advances have been capped by recent receipt of a prestigious NIH award to establish a National Research Mentor Network (NRMN). UW is one of five partners in NRMN, a new nationwide network of mentors and mentees dedicated to developing best practices, mentor training opportunities, and professional opportunities for mentees.

NRMN is one of three initiatives that together form the new NIH Diversity Program Consortium. This consortium represents an investment by the NIH of approximately $240 million over five years to develop new approaches that engage researchers, including those from backgrounds underrepresented in biomedical sciences, and prepare them to thrive in the NIH-funded workforce. Congratulations to the ICTR mentoring team for being part of this historic initiative!
How Can Dissemination and Implementation Activities Help Investigators?

It has been widely reported that it takes an average of 17 years for new research discoveries to be incorporated into clinical and community practice, and, even then, adoption and adherence is far from universal. As part of the UW ICTR expanded focus on community engagement and dissemination and implementation (D&I), research support programs and core services will help bridge the gaps along the research continuum, including the gap between the research and practice communities (see Vol. 7, No. 1, 2014 issue of UW ICTR Today newsletter).

Frequently, investigators limit dissemination of their research findings to publication in a scholarly journal. “UW ICTR is dedicated to establishing a new culture in clinical and translational research,” states Marc Drezner, ICTR executive director. “If we make a discovery, we need to broadly disseminate it.”

“If we disseminate, we need to facilitate implementation, and if our discoveries are implemented, we need to show a positive effect,” Drezner continues.

D&I services help investigators evaluate which stakeholders will use their research results and how research results will be applied. Expectations of D&I activities, including community engagement, should be built into the original research process, creating early feedback loops.

Melody Bockenfeld, MPH, D&I program manager, comments, “In addition to providing practical assistance with existing projects, D&I staff will proactively help investigators plan for D&I at the beginning of a research project, rather than after it is over. Ultimately, practice should inform research and research should inform practice.”

Bockenfeld continues, “We encourage investigators to watch for the next D&I short course, which is planned for spring 2015. In addition, two funding mechanisms are available to support dissemination activities and D&I research.”

For updated RFAs and more information about the short course, please continue to check the front page of the ICTR web portal (ictr.wisc.edu). An overview of Community-Academic Partnerships is also available (ictr.wisc.edu/2014_CAPProgramsAffiliates).
control trial. This trial established a positive effect on both mentors and mentees and led to publication of a training manual and peer-reviewed manuscripts describing the findings.

**Mentoring web site allows national access to specialized mentor training materials**

One of the NIH supplements established a web-based legacy resource for mentoring development. This ICTR-hosted web site provides open access to curricula, assessment tools, and resources relevant for mentors and mentees, as well as for those who would like to implement mentor training (mentoringresources.ictr.wisc.edu/).

In addition to disseminating *Mentor Training for Clinical and Translational Researchers*, the web site allows trainers to customize the training curriculum within three subcategories:

1. biomedical research,
2. clinical and behavioral research,
3. community engaged research.

It also makes available a validated *Mentoring Competency Assessment* tool for evaluation. There is no charge for these curricula and tools.

**National dissemination of mentor training**

Now, with NRMN, the ICTR team is working with colleagues from across campus to take their expertise to the national stage. Earlier this year, an ICTR-led group received a six-month P20 planning grant (ictr.wisc.edu/node/1309) from NIH to support the efforts of a multi-institutional team to prepare a grant application to establish the NRMN. The UW group joined forces with three other P20 awardees to develop a comprehensive grant proposal for NRMN, which was awarded in September 2014.

### Members of the NRMN Mentor Training Core Leadership Team

**UW-Madison**

Christine Pfund, PhD, Director, PI

UW SMPH Department of Medicine,

UW ICTR, Wisconsin Center for Education Research

Janet Branchaw, PhD, Associate Director, Co-I

UW School of Education Department of Kinesiology, director of WISCIENCE

Angela Byars Winston, PhD, Co-I

UW SMPH Department of Medicine

Christine Sorkness, PharmD; Co-I

UW School of Pharmacy and UW ICTR

senior associate executive director

**Other Institutions**

Stephen Thomas, PhD

Associate Director, Co-I

University of Maryland

Richard McGee, PhD; Co-I

Northwestern University

Sandra Quinn, PhD; Co-I

University of Maryland

Anne Marie Weber-Main, PhD; Co-I

University of Minnesota

### Who are the NRMN Partners?

- **Administrative Core**
  - Boston College
    - David Burgess, PhD; lead PI
  - Morehouse School of Medicine
    - Elizabeth Olifi, MD, MPH; PI

- **Mentor Training Core**
  - UW-Madison
    - Christine Pfund, PhD; PI

- **Mentorship and Networking Core**
  - University of North Texas Health Sciences Center
    - Jamboor Vishwanatha, PhD; PI

- **Professional Development Core**
  - University of Minnesota
    - Kola Okuyemi, MD, MPH; core director, PI

### Existing Mentoring Research at UW-Madison

- Delta Program in Research, Teaching and Learning (Delta) ([delta.wisc.edu/](http://delta.wisc.edu/))

- Wisconsin Program for Scientific Teaching (WPST) ([biology.wisc.edu/UniversityEducators-ProgramsandOpportunities-WPST.htm](http://biology.wisc.edu/UniversityEducators-ProgramsandOpportunities-WPST.htm))


- Center for Women’s Health Research ([www.womenshealth.wisc.edu/Home.aspx](http://www.womenshealth.wisc.edu/Home.aspx))

This work has been supported by the Howard Hughes Medical Institute, the National Science Foundation, and the National Institutes of Health.

An overview is available on the ICTR Research Mentoring web site ([mentoringresources.ictr.wisc.edu/CurriculumBackground](http://mentoringresources.ictr.wisc.edu/CurriculumBackground)).
Four Advancing Health Equity and Diversity (AHEAD) research pilot awards were recently made as part of the UW ICTR commitment to research addressing health disparities or health equity issues.

The individual $10,000 AHEAD awards are co-sponsored by the ICTR Research Education and Career Development core and the ICTR Collaborative Center for Health Equity (CCHE). ICTR administers the competition, which is restricted to AHEAD program scholars. Carmen R Valdez, PhD, associate professor of Counseling Psychology, is the CCHE faculty director of AHEAD.

Valdez notes, “The five programs collaborating in the AHEAD initiative (see list in box) are similar in their goal of training scholars to use type 1 and type 2 translational research approaches to investigate health disparities and health equity. Many of those scholars are also from underrepresented minority groups.”

She continues, “In addition to the support provided by the ICTR pilot awards, AHEAD infrastructure includes career development seminars, research training workshops and writing groups, and mock study sections for evaluation of trainee grant applications. Our goal is to develop a “community of scholarship” for early to mid-career scholars.”

Members of the AHEAD Program at UW-Madison

Founded in 2012, the UW AHEAD initiative has the following constituent programs described online (cche.wisc.edu/creating-future-leaders/ahead):

- **NIH Building Interdisciplinary Research Careers in Women’s Health (BIRCWH)**
  - Elizabeth Burnside, MD, MPH, co-director
  - Gloria Sarto, MD, PhD, co-director

- **NIH Health Disparities Research Scholars**
  - Gloria Sarto, MD, PhD, director

- **SMPH Centennial Scholars Program**
  - Patricia Kokotalio, MD, MPH, director

- **Robert Wood Johnson (RWJ) Health and Society Scholars Program**
  - David Kindig, MD, PhD, co-director
  - John Mullahy, PhD, co-director
  - Stephanie Robert, PhD, co-director

- **UW Family Medicine Research Fellowships (Primary Care and Complementary & Alternative Medicine)**
  - Bruce Barrett, MD, PhD, co-director
  - David Rabago, MD, co-director

2014 AHEAD Pilot Awards

- **Creating Barriers or Raising Opportunities? Race and the Changing Effects of ADHD Diagnosis for Early Literacy**
  - Jayanti Owens, PhD, UW SMPH; RWJ Health and Society Scholar
  - Collaborators: Jason Fletcher, UW L&S

- **Pregnancy Ambivalence: A Pathway between Social Disadvantage and Unintended Pregnancy**
  - Jenny A Higgins, PhD, MPH, UW SMPH; BIRCWH Fellow
  - Collaborators: Marcia Carlson, UW L&S

- **Exploring the Feasibility and Acceptability of a Condensed Mindfulness Curriculum for African American Women: A Pilot Study.**
  - Angela R Black, PhD, UW SMPH; UW Family Medicine Fellow
  - Collaborators: Bruce Barrett, UW SMPH; Natalie Watson, University of Illinois; Chris Smith, Bob Gillespie, UW Hospital & Clinics.

- **Understanding Disparities in Patient Education about Gestational Weight Gain**
  - Sara Lindberg, PhD, MS, UW SMPH; BIRCWH Fellow
  - Collaborators: Alexandra Adams, Cynthie Anderson, UW SMPH.

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dozing off, but then would open his eyes and ask a probing question directly related to the topic under discussion.

Bill mentored with the right mix of hand holding and back turning. He knew when to allow me to flounder and when to step in to help. This approach prepared me well for my own independent career. It was very meaningful that Bill was happy to continue collaborations with me after I became truly independent. This arrangement isn’t recommended for all mentee-mentor pairs, but it sure worked well for us!

You may be thinking that I had the perfect mentor. Well, Bill Connor was a great mentor, but his mentorship was not universally appreciated by his mentee. Like all of us, Bill was not without his flaws. He was stubborn to a fault. This characteristic was undoubtedly responsible in part for his success, but at times it drove me crazy. Our disagreements over the years ranged from manuscript revisions and grant applications to project direction and authorship. Somehow, with patience and dogged communication, we managed to persist and resolve our differences.

Despite these problems, Bill Connor was perhaps the perfect mentor for me. He had amazing patience. He was willing to discuss difficult concepts like sterol balance with me over and over until I “got it.” I’m sure at times he thought I was a complete idiot, and yet he never showed his impatience or disdain. Bill also possessed a deep compassion that spilled over to his work with mentees. He truly cared about us, our careers, and our development as clinician-scientists. Despite his very busy schedule, Bill always made time to talk if I needed help with a project, if I had an idea to run past him, or if I just wanted to complain.

In closing, I hope this personal account may have some usefulness to early career investigators trying to pick a mentor, but also to those already working with a mentor, and even perhaps to experienced mentors. No mentor-mentee relationship is going to be perfect; mentors should be open to self-reflection to improve their mentoring. Mentees should be forgiving and appreciative. A positive mentoring relationship is often the basis for development of a successful career and, with care, both mentee and mentor can experience great satisfaction from working together.

Elizabeth Magnan, MD, PhD, a research fellow in the Department of Family Medicine, earned the PhD in Clinical Investigation in August 2014. While completing her degree, Magnan was a fellow with the Health Innovation Program (HIP). Her PhD research while at HIP focused on improving quality of care and outcomes in patients with diabetes and multi-morbidity.

Her dissertation discusses the impact of comorbidity profiles on diabetes quality measures, and how patient and health system factors influence care for diabetes and multiple chronic conditions. On Oct 1, Magnan became a tenure-track assistant professor at the University of California-Davis.

Her mentoring team included Jane Mahoney, MD (Medicine-Geriatrics); Nancy Pandhi, MD, MPH, PhD (Family Medicine); Melissa Meredith, MD (Medicine-Endocrinology, Diabetes & Metabolism); and Mari Palta, PhD (Population Health Sciences, Biostatistics & Medical Informatics); along with primary advisor Maureen Smith, MD, MPH, PhD (Population Health Sciences, Family Medicine, Surgery).

Smith comments, “Good clinical research begins with the patient in mind. Elizabeth’s research helps us improve care for our complex patients with diabetes, who struggle every day with managing multiple other conditions and treatments.”

Four New Trainees Join ICTR TL1 Program

The UW ICTR welcomes four new students for a total of six trainees in the TL1 pre-doctoral training program funded by NIH as part of the Clinical and Translational Science Award. The new trainees include three PhD minor students and one PhD major. Collectively, the six students represent the Departments of Biochemistry, Medical Physics, and Population Health Sciences, along with the Neuroscience Training Program and the Cell and Molecular Biology Training Program. Four of the six are MD/PhD students in the Medical Scientist Training Program.

The TL1 program provides mentored research experiences and includes career development. Trainees earn a monthly stipend, health insurance, tuition and fees, and a travel allowance. They participate in biennial mentor meetings attended by ICTR leadership, and gain experience in science writing and editing in a monthly writing workshop during the academic year.

More information about the program can be found on the ICTR web portal (ictr.wisc.edu/TL1Program). The next RFA for the TL1 program will be released Dec 1, 2014, with an anticipated Feb 1, 2015, deadline.
Fifteen new scholars have entered the ICTR Graduate Program in Clinical Investigation (GPCI) this fall: two PhD students, two PhD minor students, and 11 MS students. They join 20 continuing students in the GPCI degree program, which trains clinician scientists and other health professionals to lead or contribute to patient-oriented research teams in various scientific disciplines.

GPCI was established in 2008 (MS degree) to 2009 (PhD degree) as part of the UW ICTR mission to prepare the future biomedical workforce by offering a complete spectrum of graduate programs in clinical research. The GPCI provides a complement to existing areas of clinical research training offered by the Department of Population Health Sciences and other departments across campus.

Christine Sorkness, PharmD, ICTR senior associate executive director, comments, “This is an amazing program and a highly focused group of students. Although we started the program with quite a bit of pent-up demand, the enthusiasm and numbers of potential students have continued to exceed our expectations.”

This year’s incoming students represent the UW College of Engineering and the Schools of Medicine and Public Health, Pharmacy, and Veterinary Medicine. Three of the incoming students are also ICTR TL1 trainees (see p 7 article).

Sorkness continues, “We consider talented applicants every year and are able to commit ourselves to the very best. Two factors stand out as key to the success of our training: First, our faculty work tirelessly as mentors, advisors, instructors, and GPCI governance committee members. This is backed up by one-on-one attention from student support staff, ensuring each student has all the ingredients for personal success.”

“Second, most of our courses begin about 4 pm, which is essential to our students, many of whom are full-time professionals. Our faculty and staff go out of their way to tailor the program to each student’s needs and special circumstances, while maintaining the core requirements that are unique to the Clinical Investigation degree,” she concludes.

**Deadline for MS and PhD applications is Feb 1, 2015**

Forms are accepted year-round for declaring a Minor in Clinical Investigation or pursuing a Certificate in the Fundamentals of Clinical Research.

The graduate program is administered by the ICTR Research Education and Career Development core.

Information about tuition and fees, guidelines for international students, and more is available through the UW-Madison Graduate School at [grad.wisc.edu/admissions/](http://grad.wisc.edu/admissions/)

For more information, please contact Sally Wedde, Education Programs Administrator, rec-education@hslic.wisc.edu or check online ([ictr.wisc.edu/GraduateProgram](http://ictr.wisc.edu/GraduateProgram)).