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PHYSICIAN FACULTY
SCHOLARS PROGRAM



Robert Wood Johnson Foundation



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ROBERT WOOD JOHNSON FOUNDATION

Physician Faculty Scholars



The Robert Wood Johnson Foundation Physician Faculty Scholars Program was designed to strengthen the leadership and academic productivity of junior medical faculty dedicated to improving health and health care.



Building a Community for Research, Mentoring and Peer Exchange

As a young surgeon in a busy Miami hospital, Carl Schulman began noticing a disturbing pattern.

Older people were being rushed into the operating room with injuries they suffered after being hit by vehicles as pedestrians. Unlike young people who usually survive such accidents, many elders often died from their injuries.

Schulman was frustrated.

His abilities as a surgeon could only go so far in helping these patients. He wanted to learn more about why so many older people were being injured—and what could be done to prevent it. But as a young surgeon, he was expected to spend almost all of his time in the operating room, not figuring out a medical issue involving one group of patients.

For Schulman, help came in the form of the Robert Wood Johnson Foundation's (RWJF) Physician Faculty Scholars Program. The three-year career development award, which Schulman received in 2006, gave him the salary support and time he needed to research the largely unexplored problem of pedestrian injuries in the elderly.

“The gap the Physician Faculty Scholars Program filled for me was to have protected time,” said Schulman, M.D., Ph.D., associate

professor, surgery, University of Miami. *“A surgeon makes his worth by being in the operating room and generating revenue for the institution. A lot of surgeons don't get time off to do research. Traditionally, if you are an academic surgeon and you have no funding, 100 percent of your time is surgery. If you get a traditional research grant, you can protect a small amount of time - maybe 10 to 20 percent. In this program, my institution had to make a clear commitment to protect at least half of my time. It forces the institution to do something that it wouldn't do otherwise.”*

From 2006 to 2012, RWJF funded the Physician Faculty Scholars Program, which provided promising young physicians who had begun their academic careers the opportunity to carry out research to improve health and health care. The program sought to nurture a group of physician leaders.

As the program comes to a close, this essay describes the story of an initiative that fulfilled a critical gap in career development for physicians. It details the origin of the program, its purpose, successes and challenges, and the lessons learned that can be applied to other programs. Perhaps most importantly, the stories of a representative sample of scholars show the difference that this program made in their lives as well as the lives of others.

Scope of the Physician Faculty Scholars Program

During the six-year, \$21 million program, some 60 scholars from a broad range of disciplines that included internal medicine, neurology, surgery, pediatrics, family medicine, emergency medicine and radiation oncology received awards. The final class, starting in 2009, included five Veterans Affairs Faculty Scholars.

The scholars tackled critical and persistent problems that impact people's health as well as the health care system.

Among the many knotty challenges that they took on were (1) examining the effect of emergency-department closures on underserved populations, (2) advancing knowledge about the death risks of recently released inmates, (3) promoting weight loss among overweight and obese African American women, and (4) investigating barriers to care for immigrants.

What Made this Program Different From Other Career Development Programs

While career development programs for promising young physicians have existed for decades, the RWJF Physician Faculty Scholars Program stood out in several ways, including:

- Providing mentoring and practical skills to navigate research and academic careers.
- Developing networks of researchers that often crossed disciplinary boundaries.
- Providing 50 percent of protected time for research.

- Encouraging big-picture thinking from the scholars.
- Emphasizing work-life balance.

"The Physician Faculty Scholars Program trains physicians to be involved in work that is fundamental to fixing our health care system," said Ashish Jha, M.D., M.P.H, a 2009 Physician Faculty Scholar and associate professor, Harvard School of Public Health. *"There is no other program like it where physicians can get that training or mentorship in that content. Nothing like it exists."*

Filling a Crucial Gap

The Physician Faculty Scholars Program was built on a long history of RWJF leadership programs. All of these programs were designed to groom the next generation of leaders in health and health care. Among them:

- The Clinical Scholars Program, RWJF's longest-running initiative, which is often referred to as its flagship program. Since 1972, the foundation has supported two-year fellowships for young physicians interested in research and leadership careers in health policy.
- The Generalist Physician Faculty Scholars Program, which ran from 1992 to 2009. The program awarded

four-year career development grants to junior faculty in family medicine, general internal medicine and general pediatrics. The scholars worked on health services research projects under the guidance of mentors from their institutions and the program's national advisory committee.

Scholars in the Generalist Physician program could focus on research still relatively new in the field of medicine – a rare emphasis for career development programs. For example, health services research, a focus of many scholars, examines how people get access to health care, how much the care costs and what happens to patients as a result of

this care. The main goals of this research are to identify the most effective ways to organize, manage, finance and deliver high quality care; reduce medical errors and improve patient safety, according to the Agency for Healthcare Research and Quality.

Community-based participatory research, a focus of several scholars, is another area not often funded or explored by large grant programs. In this approach, research is conducted in an equal partnership between "experts" and members of a community. Prevention and policy research are other non-traditional areas that scholars have explored.

The goal of the Physician Faculty Scholars Program was to enhance career development of junior faculty from all disciplines engaged in health services research, community-based participatory research and prevention research.

Yet, some crucial gaps existed in these programs that the Physician Faculty Scholars Program aimed to fill. One was that junior faculty in all medical disciplines who worked in health services research and

related fields needed assistance to continue their research careers as they faced the demands of juggling clinical, teaching, administrative and research responsibilities in a difficult funding environment.

"When people finish their fellowship training and start their junior faculty years, those are the most difficult years of all," said Jeane Ann Grisso, M.D., former program officer at the Robert Wood Johnson Foundation. *"The first years, it's really tough to get mentoring, salary support to get protected time to do research and get training to do the research that RWJF is interested in—research on health care policy, economics and the quality of health care. Those were the kinds of issues that RWJF wanted to get academicians to do to make a difference."*

Information from RWJF Clinical Scholars graduates, who received support in the fellowship years just prior to their first faculty position, bore out those difficulties.

A survey of graduates of the Clinical Scholars Program in 2002 revealed a significant decrease in academic achievement and an increase in dissatisfaction with their rate of advancement among recent graduates, compared with those graduating in past decades. For example, just 7 percent of Clinical Scholars in 2002 reported advancing to associate professor within five years compared with 26 percent of Clinical Scholars two decades earlier.

"The origin of the Physician Faculty Scholars Program can be found in the experience of the Clinical Scholars as determined by the surveys that the foundation has done over the years," added Iris F. Litt, M.D., national program office director of the Physician Faculty Scholars Program and professor emerita, Stanford University School of Medicine. *"What was discovered was that scholars felt very well trained and supported in their two years of fellowship. When they got into the real world and became faculty members in medical school, the kind of research they had been trained to do—largely health services research and community participatory research and prevention research—were not widely appreciated or supported in the medical schools at the time. A number of them were having difficulty getting financial as well as moral support for that kind of research."*

In addition, in 2006 RWJF recognized that the kind of training the Generalist program provided and the focus on self-examination of medicine were important for every discipline, not just pediatrics, internal medicine and family medicine.

"We were also thinking about the fact that many of the stellar individuals in health services research are moving towards retirement age," said Denise Davis, Dr., PH., MPA, program officer at RWJF. *"Who is going to have the tools and knowledge to move the agenda in a way that will be beneficial to improve health care delivery systems and enhance access to care?"*

In 2006, RWJF launched the Robert Wood Johnson Foundation Physician Faculty Scholars Program as the successor to the Generalist Physician Faculty Scholars

Program and as an additional support to physician-researchers in their first junior faculty position.

The Physician Faculty Scholars Program expanded the eligibility beyond just faculty in primary care to faculty in any medical discipline. While primary care medicine

Drawing on the Experience of RWJF's Other Leadership Development Programs

In developing the Physician Faculty Scholars Program, RWJF staff and others utilized what they had learned in other RWJF leadership development programs. Among the key lessons that had emerged were an emphasis on providing protected time for scholars to do research and offering mentoring from top leaders in the field.

RWJF staff also gathered its leadership from people who had run or been involved in similar RWJF leadership programs. National Director Iris Litt was running the

had established health services research as a field, clinical specialties had not. Few people in specialties such as surgery, neurology and emergency medicine were undertaking research in health services research or related fields before this program.

Clinical Scholars program at the time and had been a member of the national advisory committee for the Generalist Physician Faculty Program since its inception. Deputy Director Sally Schroeder had overseen the day-to-day operations of the Clinical Scholars Program. Several Physician Faculty Scholars Program national advisory committee members had served on the Clinical Scholars or other RWJF career development programs or had been fellows themselves.

The Physician Faculty Scholars Program

The goal of the Physician Faculty Scholars Program was to enhance career development of junior faculty from all disciplines engaged in health services research, community-based participatory research and prevention research.

“The program was designed to support medical school faculty to introduce health services research and community services and prevention in every discipline such as surgery, psychiatry and neurosurgery. It was really revolutionary,” Litt said. *“Those fields had never really looked at themselves in a critical way and at the public health aspects of what they were doing. It was a critical genesis of the program.”*

How the Program Worked

The Physician Faculty Scholars Program targeted physicians who were junior medical school faculty members committed to a career in academic medicine. Applicants also had to provide evidence of research skills, show that they had published at least two papers in a peer-reviewed

journal, demonstrate excellence as a teacher and provide care for patients at least one half-day a week.

Applicants also had another hurdle to cross. Each medical school could only nominate one applicant. For some, gaining the nomination of their medical school deans was the first difficult barrier to complete.

Because of the resources the program offered, the awards were highly sought after. The program received about 50 to 60 applications a year for the 15 slots for each class.

“RWJF has this inspirational vision for improving health care in the underserved population. I wanted to be part of that broader vision,” said Ingrid Binswanger, M.D., M.P.H., a 2011 Scholar and assistant professor of medicine at the

University of Colorado School of Medicine, explaining why she competed for the award. *“They encourage creativity and have a society perspective on health and health care delivery but still support rigorous research measures.”*

After a screening process in the national program office and by the national advisory committee, finalists give a short in-person presentation to the committee. Of those who were selected over the years, about 25 percent were former RWJF Clinical Scholars.

In the 2009 class, the program brought in five Veterans Affairs (VA) Scholars and new VA national advisory committee members. The VA investigators were part of the agency's longstanding Research Career Development Program, which supports junior VA researchers for five years. This was an important addition that offered value to both the VA scholars and the Physician Faculty Scholars Program. It was also a natural extension of a long-term collaboration between RWJF and the VA. The Clinical Scholars Program had a VA liaison, and many people in the Physician Faculty Scholars Program were familiar with the VA program.

The VA program brought a broad, systems-based approach to the partnership; the Physician Faculty Scholars Program brought national mentoring and other career development assistance to the VA Scholars.

“We had always been aware of the VA program and were very interested in generating the partnership,” said Denise Davis. *“The VA program was very successful. We thought it would be just stellar if we could generate a partnership because it would provide us with a greater entrée to the training that many of the VA scholars get and it would also provide the Physician Faculty Scholars Program with a different lens.”*

Seth Eisen, M.D. director, health services research and development, Department of Veterans Affairs, said the VA's systems approach was particularly significant.

“A major difference between where most scholars work and the VA is that the VA has a health care system,” said Eisen, a member of the Physician Faculty Scholars Program

national advisory committee. *“It is important that our VA investigators think of the potential applications and impact of their research on the system. Outside the VA, investigators early in their careers often don't have that scope of thinking. They are just trying to survive and progress. In general, research done outside the VA is difficult to implement on a system-wide basis. It can be implemented at a medical center or community. At the VA, we are interested in taking an additional step because we can implement research on a national basis. One of my goals for this program was for the scholars to think beyond their research and see how it could be applied broadly.”*

What the Scholars Received

Scholars selected for the program received an array of support and benefits. Support included:

- **Three years of funding for a total of up to \$300,000.** Scholars could use the funding for part of their salary, research or expenses, making this program much more flexible than other career development awards.
- **Scholars' sponsoring institutions** had to guarantee that at least 50 percent of scholars' total professional effort could be devoted to research.
- **A National Advisory Committee (NAC) mentor.** The NAC mentors were people at the top of their field who could provide perspectives on conducting research projects, navigating the academic maze, and looking at broad, system-wide issues. They were also available to offer recommendations, and provide help in submitting grant applications and writing journal articles. Scholars also had mentors at their own institutions.

“The NAC mentor could fill a different role for the mentee from mentors at the scholar's institutions,” said Laura Petersen, M.D., M.P.H., a NAC member, former Generalist Physician Scholar and professor of medicine, Baylor College of Medicine, Houston. *“One important role is that the NAC mentor has no self-interest in advising the mentees. At the institution there is always a conflict. Often the mentor is the scholar's boss*

and has a vested interest in what the person does. It may not be in the mentee's best interest. If mentees get a job offer outside the institution and they go to their mentor, their mentor probably won't want them to leave. Or an internal mentor might think a mentee is not ready for a promotion. The mentee can ask the NAC mentor for help in navigating that issue. I don't have a vested interest. I just want what's best for my mentees."

- **Opportunities to network** with senior leaders and peers at annual conferences, cohort calls, and later webinars, as well as informally.

Each year the scholars, alumni, NAC members and national program office staff met at an annual meeting in which they got to know one another, and shared and received valuable feedback on their research. The annual meetings were an important way for scholars to develop relationships with peers and mentors that many continued throughout the years after the program was completed. Scholars said they relied on these relationships for advice on a range of issues they struggled with, including feedback on research proposals, job transitions and balancing a demanding career with family life.

"A big gap that the annual conference filled was it created a community of relatively junior researchers who could come together under a national program," said Ashish Jha.

"It lets you get out of your institution and meet a lot of terrific faculty. Many institutions don't have a lot of people doing health services research. It's also valuable in getting other perspectives. As a junior faculty you are narrowly focused and usually working with just two or three people. You get a thin slice of a broader issue. Being part of a national community of researchers and having access to senior people across multiple institutions gives you a much broader, more nuanced perspective."

Scholars continued the connections they made through calls with other physicians in their class, which took place monthly or quarterly, depending on the class; newsletters with updates on scholars' work, one-on-one follow ups, and later through webinars that addressed career development issues.

"The calls fostered relations so you are not meeting just once a year," said E. Ray Dorsey, M.D., a scholar in the 2011 cohort and associate professor of neurology at Johns Hopkins University, Baltimore. "You know what they are working on, what grants they are applying for. There

are whole different areas of research that you don't know about. For example, I didn't know about community-based participatory research until I participated in these calls."

Dorsey added that the calls also helped him through a transition to a new institution.

"I discussed my transition on those calls and solicited advice from others in the program," he said. "The issues were very similar. It's nice to get someone else's perspective on how they did it in medicine, pediatrics, etc. We talked about the negotiations, what you can ask for, what you can't ask for. It takes time to get settled into a new position and it's uncomfortable. During these calls you realize that you're not alone. For other bright, industrious people these transitions are time-consuming and taxing."

- **Support in work-life balance.**

An important component of the program, spearheaded by Iris Litt and the national program office staff, was the focus on having a work-life balance. In big and small ways, the national program office encouraged people to find ways to nurture their lives outside of their careers in academic medicine.

"We feel that the work-life balance is critically important as part of this career development and support of young people," Litt said. "While we are mainly focused on their academic career we are cognizant of the critical importance of having balance in their lives and attending to personal needs at the same time as building careers. Sally and Erin [O'Rourke Amundson, the program's administrator] have been terrific

in getting scholars to share pictures of their babies. We decided to print and distribute as gifts when babies are born T-shirts with the name of the program. In every possible way we are emphasizing the importance that a well-balanced, happy person is an integral part of being a successful person."

Litt, who had a blog on the program's website, often focused her postings on this issue.

"The people on the NAC are work alcoholics yet they are able to have amazing lives outside their professional work," said Nirav Shah, M.D., M.P.H., a 2010 Scholar and New York State Commissioner of Health. "They led by example. I remember sitting down with NAC members and talking about what they did over the summer. One went RVing with his family for a month across the country. Others are involved in arts and culture. They showed that they were able to do all they had done at the national and international level and still have these rich lives."

Shah has two young children and says he's taken that message to heart. He tries to be home for dinner most nights with his family, and bikes and plays tennis regularly. He also takes his family with him on business trips as often as possible.

Nefertiti Durant, M.D., M.P.H., a 2012 Scholar who also has a young family, added, "People in this program tell you that your family is as valuable as your career. You don't necessarily have to have the family part of your life suffer while you are building your career as a researcher. My mentor and I have had many conversations about that."



2010 National Meeting

How the Physician Faculty Scholars Program Made a Difference

In interviews and survey responses, scholars recounted the real and lasting impact the Physician Faculty Scholars Program has made on their careers and lives (see scholar's profiles and comments about the program starting on page 17). A common sentiment was that much of their success and satisfaction could be traced directly to this program.

Nurturing Junior Faculty at a Critical Time in Their Development

Junior faculty who wish to pursue a career in health services research and related fields face daunting obstacles in securing research funding, finding time off to devote to research, and garnering support and mentorship at their institutions.

“The Physician Faculty Scholars Program provided support for research for faculty at a crucial time in their development when they were really basically pretty green,” said Harold Sox, M.D., NAC chairman and professor of medicine, emeritus, Dartmouth Medical School, Hanover, N.H. *“They had fellowship training but they didn’t know the ropes about getting grants, about running a research program, and about getting their stuff published. That period at the beginning of a career in research is a really tough area for young people. Many people basically bail out because they aren’t able to develop a research program on the limited resources in the department where they are a member. A program that focuses on finding the most promising early investigators and investing in them fills a very important gap in the transition between being a fellow and being an independent researcher who can consistently get grants and support a research program.”*



Ingrid Binswanger testified to the value of that support. As a new faculty member at the University of Colorado School of Medicine, she wanted to develop a research program and intervention to improve the health outcomes of former inmates returning to the community after being released from prison. Binswanger was interested in looking at broad issues of criminal justice and health, rather than narrowly focusing on a disease-specific topic.

“I had just finished my fellowship and I was newly on the faculty,” she said. *“I really needed time and some support to develop a research program. In order to do that, you have to be protected from clinical responsibilities and administrative responsibilities. The opportunity the program gave me was time and some additional research funds that were relatively flexible. That is*

part of what I love about this program. It allows you to look more broadly at issues of health and society.”

Through the program, Binswanger carried out research and a pilot intervention to help prisoners get access to health care services and receive support in their transition back to their communities.

“What I learned was that individuals who are released from prison often have drug abuse histories and they go back into an environment where drug use is ubiquitous,” she said. *“It is really hard for them to avoid relapse when from the moment they are released they are constantly exposed to an environment where drugs are present. The emotional difficulty that people have in transitions was very striking.”*

Based on the success of the pilot, Binswanger is writing grant proposals to carry out a larger intervention.

Ashish Jha, a member of the 2009 cohort, saw a gap in research on health care disparities in hospital care that he wanted to explore. While there is much research showing that minorities don’t get the same care in hospitals as the majority population does, little, if any improvement has taken place. That could be because improvement efforts tend to be diffuse—looking at what all 5,000 hospitals in the country can do. But from preliminary research that he had conducted, Jha saw that only a small percentage of hospitals care for most African Americans and Hispanics. For example, his data showed that 5 percent of hospitals care for 50 percent of all African Americans and 20 percent of all hospitals care for 90 percent of all African Americans. He found similar data for Hispanics.

In his project, Jha examined the institutions that predominantly served minorities and looked at the work they were undertaking to improve safety and quality. He is now working with the federal Centers for Medicare & Medicaid Services to create a collaborative so that the hospitals that rank low on safety and quality can learn from hospitals that rank high in those areas.

“I’ve been pleasantly surprised by how receptive people are to this approach,” he said. *“The challenge has been that if you go*

to a hospital where 70 percent of the patients are underrepresented minorities and say you should be performing better and then give them an example of a high performing hospital that is in a wealthy suburb that mostly treats whites, they push back.

But if you go to them and say there is a hospital with an identical population and they have much better outcomes, it is much harder for the hospital with poor outcomes to be in denial.”

“The Physician Faculty Scholars Program provided support for research for faculty at a crucial time in their development when they were really basically pretty green.”

Jha said that his participation in the Physician Faculty Scholars Program gave him the time and space to take the next steps in carrying out his innovative work.

“It was an incredible catalyst for moving my work much, much faster than otherwise,” Jha said. *“I could have spent a lot of time in the first years getting the funding. It gave me the protected time that I needed as well as the mentoring to move my work along faster than I could have otherwise.”*

Supporting Specialists in Fields of Health Services Research and Epidemiology

The Generalist Physician Faculty Scholars Program focused on primary care specialties only. Health services research, epidemiology and community-participatory research were largely the province of the primary care field, and were new to specialties like surgery, neurology, emergency medicine, etc. This program gave young researchers in those specialties credibility and support for doing this work.

Carl Schulman, the surgeon interested in studying the risk factors of elderly pedestrians who were injured, knew that he was not going to follow a traditional route in his career.

“I had gotten my master’s degree in public health and I loved the research part, not the basic science,” Schulman said. *“I knew that I’d be shifting my focus to more public health. When I became a junior faculty member I knew it was critical to get a research grant. Protecting my time was critical to do this research.”*

In the Physician Faculty Scholars Program, Schulman did a study to learn more about the causes of these often-fatal accidents involving older people. His research revealed that there was a five-fold chance of being in a pedestrian crash when not obeying the pedestrian signal. In addition, the odds of being in a crash increased five-fold when pedestrians did not use the crosswalk. According to Schulman, this finding had never been shown in previous studies, and was important because it suggested that a safety program incorporating proper crossing techniques - similar to that for younger age groups- may reduce this risk.

Schulman received funding from the Florida Department of Transportation to carry out an elderly pedestrian safety program called “Safe Crossings.” It is an outreach program targeting elderly pedestrians in Miami-Dade County.

Like Schulman, **Renee Hsia**, an emergency medicine physician at the University of California, San Francisco, found that her interests were not the same as her colleagues.

“I’m in emergency medicine. We don’t have a lot of established researchers in areas like health services research and epidemiology like the department of medicine,” said Hsia, M.D., M.Sc., a 2012 scholar and assistant professor, department of emergency medicine, University of California, San Francisco School of Medicine. *“One of the things that the program has given me that would have been difficult otherwise is credibility in my department. We are a very clinically oriented department. Everyone knows the Robert Wood Johnson Foundation. Being chosen as the nominee from throughout my institution gave me a lot of credibility that I didn’t have before. In the past, I felt like I always needed to justify my presence in my department. This external validation of my work has been very helpful to me. Before, I was under the microscope. I needed to prove why this type of research was important. Now I have a network and I have more confidence.”*

For her project, Hsia studied the impact of emergency department and trauma center closures on underserved populations.

Mentoring that Broadened the Perspectives and Scope of Work of Young Researchers

Scholars said they benefited from mentoring by both national leaders and their peers. NAC mentoring provided access to senior people whom the scholars would likely be unable to call on for advice.

“Research is very exciting. But it can be difficult to make the leap from a fellow to individual investigator,” said Nefertiti Durant, M.D., M.P.H., assistant professor, department of pediatrics, University of Alabama at Birmingham School of Medicine and member of the 2012 Scholars cohort. *“When you’re a fellow you are assigned to one person as your mentor. They carefully guide everything you do and read all of your work. They tell you what grants to apply for and how to navigate this world. Then you are thrown into this realm of being a faculty member and suddenly people expect you to write papers and run trials all on your own without having the close contact of a mentor. When I was a fellow, my mentor was two doors down and we met at least once a week. When I became a faculty member, I had to redevelop all of those relationships. I can’t tell you how helpful it was to have all of those mentors from all over the country. Those people you obviously wouldn’t be able to reach out to on a cold call. Because you are in a network you can email or call them at any time.”*



For **Nirav Shah**, his mentor provided crucial feedback on his project to use electronic medical records as reminders to encourage screening for hypertension.

“My mentor was Hal Sox, who is a national leader,” Shah said. *“He was also most critical of my project, which made me know that he was on my side. He gave me the most challenging*

of critiques, he asked the hardest questions and he framed them in a national policy perspective. My project could have been a one off project and lived in one place. But because of Dr. Sox’s questions, it will have a broader impact and be more sustainable as a result. He would bring multiple stakeholder perspectives to the table. Okay, if I was Medicare and had to pay for it, how would I pay? If I were a specialty society, why would we care? Or if you had to make the business case to business, how would you do that?”

Equally important was the mentoring that the scholars found from their peers, including alumni.

“The network of other physicians is key,” Durant said. *“In pediatrics here at the University of Alabama, most people are bench researchers. They don’t work around health policy. For me, getting the peer support was critical. You need it to go over your ideas and make sure that they are solid.”*

Durant is studying web-based approaches to help young, obese African-American women lose weight. A former scholar from Missouri reviewed Durant’s work and gave her ideas about reaching her target audience through churches, which she never would have thought about. It also gave her a way to broaden her audience to older African American women.

Durant also received help from peers about other places to seek funding besides the National Institutes of Health, such as the American Diabetes Association and the American Cancer Society. She also has a standing weekly writing date with another scholar, Andrea Cherrington, who is also at the University of Alabama, which helps them both keep on track with their journal articles.

Multidisciplinary Collaboration that Expanded the Work of Scholars

Several scholars said the networking led to collaborations that enriched their perspectives and work. For example:

- Neurologist Ray Dorsey worked with scholar Caleb Alexander, an internist who was in the 2009 cohort, in a collaboration that resulted in a paper being published in the *Archives of Internal Medicine* on the communication of drug risks from the U.S. Food

and Drug Administration’s safety advisories. The collaboration also led Alexander to receive a grant from the Agency for Healthcare Research and Quality on which Dorsey is a co-investigator. Dorsey said that the collaboration started with a conversation that the two had at a scholars’ annual meeting.

- Emergency department physician Renee Hsia is collaborating with Marie Crandall, a surgeon who was also a scholar in the class of 2011. They are researching what happens to patients who experience trauma center closure and where they go for care.
- As New York State Health Commissioner, Nirav Shah has reached out to those he met in the scholars program for advice on four occasions over four months, including a scholar who is doing work on improving the quality of care for patients with sickle cell anemia.

Gaining Specific Skills and Perspectives that Moved Scholars Forward

Scholars could use their funding and opportunities to gain new skills that they would otherwise be unlikely to get without the program. For example, scholars learned:

- ***New research approaches.*** Ingrid Binswanger said she learned about qualitative research, epidemiology skills and how to conduct a small randomized controlled trial. Similarly, Michael Dulin, M.D., Ph.D., a member of the 2011 class and assistant professor of family medicine at the University of North Carolina School

of Medicine, said the program allowed him to gain new research skills.

“I knew what I wanted to do but I didn’t have the qualitative research skills or the skills in geospatial mapping,” he said. *“I was able to hire consultants to help me develop those skills. I went from an academic level understanding of this research to real world implementation of it.”*



- ***Public relations training.*** Renee Hsia learned how to speak to reporters to get broad coverage, including an article in the New York Times, about her work on the effect of closure of emergency departments on underserved populations.
- ***Exposure to a broad public policy perspective.*** Carl Schulman attended a meeting of the RWJF Health Policy Fellows in Washington, D.C., which exposed him to the possibility of influencing public policy as a physician.

Program Challenges and Evolution

While scholars and other participants spoke of the program’s strengths, there were also some challenges and obstacles. Some of those challenges have been addressed, making the program stronger. Others were more difficult and never fully resolved. Among the key challenges and changes were:

- **A lack of ethnic and racial diversity among the scholars.** RWJF staff felt that the group of scholars

did not reflect the racial and ethnic diversity of the country. The national program office and some NAC members said they felt similarly frustrated.

“I wanted the program to have more diverse scholars, particularly because we are a diverse population and getting more diverse by the day.” said Denise Davis, RWJF program officer. *“The program was funding candidates who did not wholly reflect the population of our country.”*

By 2050, 51 percent of the population will be racially or ethnically diverse. Something like 6 or 7 percent of the scholars were underrepresented minorities. The percentage was very small. The program was hamstrung. When it was formed, the potential program applicant was required to get a letter of recommendation from the dean in their department. Often the candidates put forth were not very diverse as the dean was not required to think globally in providing the nomination. We didn't push back. We didn't say 'we want diverse candidates.'"

In response to the lack of diversity and RWJF's concern, the national program office took several steps, including:

- Reaching out to deans of medical schools that traditionally had high numbers of underrepresented minority faculty.
- Organizing receptions at the National Medical Association, which represents minority doctors.
- Establishing a diversity subcommittee of the national advisory committee, which met and produced an initial plan for recruiting more underrepresented minorities. The plan did not go forward because of RWJF's decision to close the Physician Faculty Scholars Program.

- **Many of the applications came from the leading academic medical centers rather than a broad spectrum of medical schools.** That meant potential health care services researchers working in other academic medical centers weren't getting the opportunity to participate in the program. The lack of such applicants may have resulted because other academic medical centers did not have the necessary research or support infrastructure.

"We could have paid more attention to candidates from less prominent schools," said Hal Sox, chair of the national advisory committee. "In general your chances of getting a highly competitive award improved if you are coming from an environment that has a lot of backup and assistance in development career development awards and applications. There was a tendency for the more successful schools to have

the lion's share of success in programs like this. Trying to encourage successful applications from schools that probably need the help would have been useful. They would have brought all the things they learned from the program and the money to these really undeveloped schools and might have encouraged the schools to invest more resources in people like them and built some strength where it didn't exist. It would have been a way to deepen health services research in other schools."

- **Mentoring with national advisory committee (NAC) members did not work as well as planned initially.**

Survey responses from scholars showed some dissatisfaction with the frequency and content of NAC mentoring. At the beginning of the program, the only requirement was to meet with a NAC mentor at the annual meetings. Other meetings were left up to the mentor and mentee. Mentees were often unsure and sometimes intimidated about contacting their NAC mentors.

In interviews, both NAC mentors and scholars said that their mentoring relationship could have been better.

"I didn't have a lot of communication with my NAC mentor outside of annual meetings," said Carl Schulman. "I don't know if it was because he was an ER doctor and I was surgeon. I didn't reach out because I didn't feel I had research problems he could help me with. A lot was my fault. We had a few emails. We didn't have a lot of ongoing communication. RWJF is really good about making the connection but didn't make a formal mechanism to have it continue throughout the year to keep in contact with the NAC mentor. It was always something that was left up to us."

"One of the potential weaknesses of the program is the mentoring that goes on between the larger meetings," added Seth Eisen, a NAC member. "The general feeling is that the best mentoring occurs in the hallway around the water cooler or the coffee pot and that is more difficult to do by phone."

In response to the survey findings and RWJF's interest in strengthening the mentoring, the national program office hired nationally known mentoring expert

Hannah Valentine to do more investigation and, in collaboration with the national program office and NAC, come up with a plan to improve the mentoring. Valentine is a professor of cardiovascular medicine and senior associate dean - leadership and diversity, Stanford University School of Medicine.

Valentine suggested making the process more formalized, with calls every other month between NAC mentors and mentees. NAC mentors would hold regular group calls with all three of their mentees. Valentine also put together guidelines and suggestions for conducting the conversations.

Follow-up surveys of scholars showed increased satisfaction with NAC mentoring.

I thought having a formal restructuring was helpful. I got a lot more out of it," said Ingrid Binswanger. "My mentor and I started meeting more regularly as a result of the restructuring. Before, we had less frequent contact and mostly interacted at the national meeting. Later, we had more contact by phone. The ideas [from Valentine] give you topics to bring up during the conversations."

Lessons for the Field

While the Physician Faculty Scholars Program was relatively short-lived, its successes and challenges generated valuable lessons for RWJF and others in the field interested in funding a career development program for physicians. Among them:

- **Establish pipeline programs for young, underrepresented minorities who are interested in careers in health services research and related fields.** One of the difficulties the Physician Faculty Scholars Program had in recruiting underrepresented minorities was a dearth of qualified applicants. It is vital to start much earlier, as far back as middle school and high school, to identify and nurture promising underrepresented minorities interested in research

The national program office also began to hold regular webinars on career development topics as a way to provide another form of mentoring. Topics included common issues junior faculty face such as writing for medical journals, looking for grants, surviving information overload, running a research team and finding work-life balance.

- **RWJF's Decision to Close the Program.** In the 2008 economic downturn, as RWJF lost a considerable portion of its assets, its leaders decided they needed to cut their program expenditures by 30 percent. The national program office, national advisory committee and individual scholars appealed to RWJF leaders to maintain the program, arguing that it was unique and already making an impact. However, as part of its review, RWJF decided to close the Physician Faculty Scholars Program. From RWJF's perspective, the foundation already had a number of longstanding physician career development programs – including the Clinical Scholars Program - and the Physician Faculty Scholars Program was the newest, making it the most logical to close. The cohort that began in 2009 was the last group of scholars funded.

careers so that these students can get the training they need for academic medical careers.

- **Put in place systems to help encourage underrepresented minority candidates and medical schools without a strong research base to participate in career development programs such as the Physician Faculty Scholars Program.** Some medical schools that historically serve underrepresented minorities do not have the infrastructure to support promising candidates. Providing assistance such as help in developing research and methodologies, writing grants and finding mentors at other institutions can give candidates the support they need to succeed in highly competitive career development programs.

- **Develop clear expectations and directions about mentoring from the start.** Mentoring is a crucial component of a career development program for young physicians. Mentoring is also something that may not come naturally for both mentors and mentees. Providing guidance in areas such as the frequency of mentoring, who should initiate calls and meetings, and types of topics to be covered in mentoring is often necessary for effective mentoring to take place. If a scholar has more than one mentor, it may also be necessary to clarify the roles of each mentor.
- **Provide opportunities for junior faculty to interact and learn from one another throughout the year through cohort calls, webinars and newsletters.** Scholars in this program emphasized the importance of learning from their peers. Having a place to talk with one's colleagues about their struggles and

questions, as well as their successes, was a critical part of the success of the Physician Faculty Scholars Program. It is important for young physicians to have both formal and informal opportunities to meet and learn from each other.

- **Provide opportunities for health care leaders to interact and learn from their peers in other disciplines as a way to encourage collaboration and broader perspectives.** One of the biggest benefits of this program was the opportunity for physicians to meet with colleagues from other disciplines—something that rarely takes place in medicine. From these meetings came several collaborations as well as cross-fertilization of ideas. Allowing physicians from a variety of disciplines to regularly meet can spark unexpected and potentially groundbreaking collaborations.

- **Ashish Jha** is special advisor for Quality and Safety to the Department of Veterans Affairs.
- **Shonna Yin** won the 2009 academic Pediatric Association's Young Investigator Award.
- **Aaron Caughey** is professor and chair of the Department of Obstetrics and Gynecology, Oregon Health and Sciences University.



Some evidence exists that scholars are experiencing faster movement up the academic ladder than their counterparts. The rate of promotion to associate professors is more rapid for scholars than finalists based on information from the earliest group who finished the program three years ago, according to results compiled by Iris Litt. Some 67 percent of scholars have been promoted to associate professor compared with 50 percent of finalists.

In addition, observers note a greater interest in health services research from specialty fields.

“The special contribution of this program was to get fields outside of the generalist disciplines involved in the program,” said Hal Sox. *“We’re seeing more nongeneralists discipline faculty in the program and hopefully having an impact on their department and careers. That probably wouldn’t have happened as fast or effectively without the program or funding for research. That is the gap filled by the program and it was really doing it quite well.”*

Carl Schulman said that he sees himself as a policy leader now because of his experiences with this and other RWJF

programs. At a meeting in Washington, D.C., about the RWJF Health Policy Fellows program, he heard two participants who are physicians tell stories about how they made a difference.

“They were often the one physician voice in a room otherwise devoid of physicians, yet people were making health policy that would affect physicians in the country,” Schulman said. *“And their voice actually changed legislation that was going to be enacted. It reminded me that sometimes having that one voice is critical. I serve on several state committees on trauma and I make sure that my voice is heard. I used to have a fatalist approach that no matter what I say it won’t make a difference but you can make a difference. RWJF by trying to promote future leaders in health care and health policy gives people the opportunity to really make a difference. Even though I’m a single voice I do feel empowered to try and make a difference.”*

Added Ingrid Binswanger: *“A wonderful part of this program is this aspirational vision for making change, which makes you feel like you are part of something bigger. It’s very rewarding to feel you are trying to focus on an important issue that may make a true impact on health care delivery. You are part of a program where the emphasis is on improving health care delivery and that is a very special approach.”*

As the Physician Faculty Scholars Program comes to a close, participants pointed to both measurable successes in their lives, such as academic promotions, and less tangible impacts, such as gaining a group of trusted colleagues that they count on now and plan to seek out throughout their careers. They say that the program came at a crucial time in their lives, providing them the support and encouragement they needed to undertake research that is critical but often undervalued in academic medical institutions.

Perhaps one of the most powerful impacts will be seen as these scholars, learning from their experience in this program, not only take on leadership roles but mentor the next generation of physician leaders.

Impact of the Program

Because many scholars are still early in their careers, and the program lasted just six years, it is too soon to judge the real impact of the Physician Faculty Scholars Program. However, early signs point to a potentially significant impact. Scholars are taking leadership positions in academic medical centers; in local, state and federal government, and in innovative research projects with the potential to affect health and health care.

“You can measure the impact by seeing how many people became leaders in the field—there are several chairs of family medicine, chiefs of service and people running large research programs who are becoming authorities in their fields,” said Eliseo Perez-Stable, a member of the national advisory committee and professor of medicine at the University of California, San Francisco School of Medicine. *“I think that’s really where you see some of this impact. It’s creating leaders.”*

Among the leadership positions or roles the scholars have taken are:

- **Nirav Shah** is the commissioner of the New York State Department of Health.
- **Julie Bynum**, associate director at Dartmouth’s Center for Health Policy Research, was named one of two inaugural Thomson Faculty Fellows at the Dartmouth Institute for Health Policy and Clinical Practice in recognition of her work and potential.
- **Seth Glickman** was named as one of two of the first Institute of Medicine Anniversary Fellows in 2010.
- **Lillian Kao** is co-director of the Center For Surgical Trials and Evidence-based Practice and vice chair of Quality for the Department of Surgery at the University of Texas, Houston.

“The Physician Faculty Scholars Program (PFSP) energized my career, both by imparting specific knowledge, increasing confidence, and providing a supportive network of mentors and colleagues.”





Ron Ackermann, M.D., M.P.H.

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Ron Ackermann, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

PFSP enhanced my skills and experience in conducting comparative effectiveness studies of novel ways to develop, implement and evaluate health care-community partnerships that addressed health behaviors central to this chronic disease epidemic. It also offered the seeds for tremendous professional relationships that have helped further my career development, promotion and role as a national leader in diabetes-prevention research.

Project Title:

Health care-Community Partnerships to Prevent Diabetes

Project Synopsis:

This project evaluated different strategies for implementing new diabetes-prevention services in primary-care settings and whether those strategies can be improved with a community-partnership liaison. Early success in implementing clinic-community linkages for this project helped Dr. Ackermann to secure additional funding from the NIH for a larger randomized trial to evaluate the impact on patient behavior, intermediate health outcomes and cost-effectiveness.



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G. Caleb Alexander, M.D., M.S.

What Has The PFSP Meant To Your Career So Far?

The program has been the cornerstone of my professional life. Wikipedia provides a more concise and eloquent definition than I can offer about the importance of a cornerstone: "The cornerstone (or foundation stone) concept is derived from the first stone set in the construction of a masonry foundation, important since all other stones will be set in reference to this stone, thus determining the position of the entire structure."

Project Title:

Development and Evaluation of Interventions to Safely Reduce Patients' Out-of-Pocket Prescription Costs

Project Synopsis:

This project supported the development and implementation of a soon-to-be-completed randomized controlled trial of a behavioral intervention to reduce patients' out-of-pocket prescription costs. Foundation support also allowed for a series of studies examining how different strategies that physicians may use to assist patients (e.g., free samples, 90-day supplies) impact out-of-pocket and third-party prescription costs.

Karina Berg, M.D., M.S.

What Has The PFSP Meant To Your Career So Far?

The PFSP inspired me to think broadly about the many different ways to create positive changes in medicine. The program allowed one-on-one interaction with inspiring role models, and these conversations changed the way I think about the many ways to create a successful and gratifying career.

Project Title:

Improving Measurement of Antiretroviral Adherence in Current and Former Drug Users

Project Synopsis:

The goal of this project was to study the reporting of medication-taking behaviors and compare these self-reports to such objective measures as pill counts, electronic pill bottle monitors and pharmacy refill records. Accurate measurement methods are necessary for both clinicians and researchers working to improve outcomes for HIV-infected drug users. Dr. Berg's work has informed the development and evaluation of adherence-improving interventions for drug users with HIV.



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Jane Brotanek, M.D., M.P.H.

How Would Your Professional Life Have Been Different Without The PFSP?

I couldn't imagine my professional life without the RWJF PFSP.

Project Title:

Iron Deficiency, Prolonged Bottle-Feeding, and Racial/Ethnic Disparities

Project Synopsis:

The goal of this series of studies was to use both qualitative and quantitative research methods to provide a comprehensive understanding of the connection between infant-feeding practices and iron deficiency.



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**Julie Bynum, M.D.**

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Julie Bynum, M.D.**How Would Your Professional Life Have Been Different Without The PFSP?**

Many programs are discipline-specific, which in my case is aging. This program built knowledge and ties to other fields in which many of the issues are similar but the population is different. I learned a great deal from my colleagues in other fields who sometimes face similar issues but approach the solutions differently.

Project Title:

Decision Quality among the Frail Elderly - How Do Local Health Care Systems Perform?

Project Synopsis:

There is growing concern that the U.S. health care system fails to meet the needs of the most rapidly growing segment of the U.S. population - the oldest old. Dr. Bynum conducted a qualitative study of people 80 and older - recruited in rural New Hampshire and in urban Memphis, TN - to determine how they experienced health-care decision-making in a clinic setting, and assessed the factors that either facilitate or act as barriers to receiving adequate decision support.

**Lynn Sullivan Fiellin, M.D.**

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Lynn Sullivan Fiellin, M.D.**How Would Your Professional Life Be Different Without The PFSP?**

The PFSP was three years of funding and support but a lifetime of connections, collaborators and friends. The RWJF PFSP was a unique and transforming program in its support of its Scholars' research careers, but it was the people and the new connections formed that were and are most rewarding and valuable.

Project Title:

Reducing Sex-Related HIV Risk Behaviors in Patients Receiving Treatment for Opioid Dependence

Project Synopsis:

This project allowed for investigation of a specific behavioral intervention to target sexual-risk behaviors in patients engaging in drug treatment for heroin and prescription opioid abuse in a primary-care setting. The results of the two surveys conducted on patients and providers and the randomized clinical trial will allow Dr. Sullivan to refine her expertise in the area of HIV prevention in vulnerable patient populations.

Ashish Jha, M.D., M.P.H.**What Has The PFSP Meant To Your Career So Far?**

It has been a major catalyst, creating a terrific network of people and helping me launch my career in research.

Project Title:

Understanding Hospitals That Serve Minority Populations

Project Synopsis:

This project examined the hospitals that disproportionately care for black and Hispanic Americans, and examined their strengths and challenges in providing high quality care.

**Ashish Jha, M.D., M.P.H.**

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Lillian S. Kao, M.D., M.S.**How Would Your Professional Life Have Been Different Without The PFSP?**

My current research efforts may have been different, since it was the PFSP project that really launched my most recent R01 submission. I may not have had as many opportunities; the RWJF project led to several invitations to speak and lines of research. The experience also opened me up to fruitful collaborations, including one with a scholar from a different RWJF program on my most recent grant submission.

Project Title:

Prevention of Surgical Site Infections

Project Synopsis:

This study addressed latent and active errors linked to current instances of noncompliance of quality-improvement programs, and the development and assessment of an intervention program - both aimed at reducing adverse outcomes from surgical infections.

**Lillian S. Kao, M.D., M.S.**

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**Tamara Perry, M.D.**

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Tamara Perry, M.D.**How Would Your Professional Life Have Been Different Without The PFSP?**

The PFSP definitely made the early stages of my career less stressful and helped me build an independent research program. The program provided a large network of mentors and colleagues with whom I could discuss research ideas, career decisions, as well as work/life balance issues. The program also led to successful research collaboration with investigators outside of my institution. None of these relationships or collaborations would have occurred without the PFSP.

Project Title:

Asthma in the Delta Region of Arkansas: Impact of Environmental Factors

Project Synopsis:

This research aimed to determine asthma severity among high-risk rural children, and examine the impact of environmental factors on asthma morbidity and health outcomes. The specific aims of the project examined the impact of home environmental exposure to endotoxin on asthma severity and atopy status in the rural setting among predominantly African-American, low-income children. The project also examined the impact of aeroallergen sensitization, aeroallergen exposure and other home-environment characteristics on asthma morbidity.

**Brian Primack, M.D., Ed.M.**

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Brian Primack, M.D., Ed.M.**What Has The PFSP Meant To Your Career So Far?**

The PFSP energized my career, both by imparting specific knowledge, increasing confidence, and providing a supportive network of mentors and colleagues.

Project Title:

Media Literacy to Prevent Adolescent Smoking

Project Synopsis:

This project aimed to evaluate a school-based anti-tobacco media literacy curriculum.

Caroline R. Richardson, M.D.**How Would Your Professional Life Have Been Different Without The PFSP?**

Without the RWJF PFSP, I might not have gotten tenure. I was able to conduct a larger and more innovative randomized controlled trial with its support.

Project Title:

Enhancing Adherence by Building E-Communities

Project Synopsis:

Automated, internet-mediated interventions to support healthy lifestyle change show promise as low cost, convenient and sustainable. However, the effectiveness of such interventions is limited by problems with participant retention. In a randomized controlled trial of people with or at high risk for diabetes or heart disease, Dr. Richardson's team demonstrated that adding online community features to an existing internet-mediated walking program reduces program drop-out.

**Caroline R. Richardson, M.D.**

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Carl I. Schulman, M.D., Ph.D.**What Would You Like To Share About The PFSP?**

The PFSP and the other similar human capital portfolio projects are models for others to follow. The combination of meaningful research and personal growth cannot be duplicated and should never be lost.

Project Title:

Prevention of Elderly Pedestrian Injury

Project Synopsis:

This project aimed to analytically study elderly pedestrian injuries to identify risk factors. The project employed the new case-crossover study design to investigate the risk factors associated with elderly pedestrian injuries. This project culminated in the recent successful defense of Dr. Schulman's Ph.D. in epidemiology.

**Carl I. Schulman, M.D., Ph.D.**

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Michael Silverstein, M.D., M.P.H.

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Michael Silverstein, M.D., M.P.H.

Project Title:

Maternal Depression in the 'Healthy Families' Home Visitation Program

Project Synopsis:

The goal of this project was to design and test a community-based problem-solving intervention for maternal depression.



Michael B. Steinberg, M.D., M.P.H.

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Michael B. Steinberg, M.D., M.P.H.

What Would You Like To Share About The PFSP?

This is one of the most distinguished groups of professionals that I have been part of, and it has been my honor to participate.

Project Title:

Maximal Intensity Tobacco Dependence Treatment for Hospitalized Smokers with Cardiac Disease

Project Synopsis:

This project aimed to evaluate best treatments for smoking cessation in hospitals.



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Louise Walter, M.D.

What Has The PFSP Meant To Your Career So Far?

The PFSP has provided me with a unique opportunity to interact and network with leaders in medicine. It has been very helpful to hear new perspectives on my research and career from colleagues outside my institution. This program has definitely expanded the way I think about research and provided me with new skills for turning research into improved patient care.

Project Title:

Targeting of Colorectal Cancer Screening to Healthy Elders

Project Synopsis:

Dr. Walter conducted a cohort study of 27,068 screen-eligible VA patients 70 years or older to evaluate whether colorectal cancer screening was targeted to healthy older patients and avoided in older patients with severe comorbidity who have limited life expectancies. She found that only 47 percent of patients with no comorbidity (5-year mortality rate = 19 percent) were screened, whereas 41 percent with severe comorbidity (5-year mortality rate = 55 percent) were screened. This indicated that colorectal cancer screening was not being appropriately targeted to healthier patients.

“The RWJF Physician Faculty Scholars Program strengthened the foundations of my specialty, and allowed me to steadily progress and advance my academic/professional endeavors.”





Amy K. Alderman, M.D., M.P.H.

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Amy K. Alderman, M.D., M.P.H.**What Has The PFSP Meant To Your Career So Far?**

The PFSP has provided the skills necessary to take a national leadership role in research and health policy in plastic surgery.

Project Title:

Understanding Disparities in Breast Cancer Reconstruction

Project Synopsis:

The study aimed to examine delivery-system factors underlying variations in use of immediate breast reconstruction following mastectomy for cancer, to examine patient-level factors underlying variations in use of delayed breast reconstruction following mastectomy for cancer and to examine the impact of breast reconstruction on outcomes following mastectomy for cancer.



R. Scott Braithwaite, M.D., M.Sc.

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R. Scott Braithwaite, M.D., M.Sc.**What Has The PFSP Meant To Your Career So Far?**

The RWJF PFSP strengthened the foundations of my specialty, and allowed me to steadily progress and advance my academic/professional endeavors.

Project Title:

Can We Tailor Clinical Guidelines to the Comorbidity Profiles of Patients?

Project Synopsis:

This project asked the question "How do physicians adapt clinical guidelines to patients with shortened life expectancies due to comorbidities in order to ensure that they are not harmed? Using the concept of "payoff time," the project aimed to apply a new method of tailoring clinical guidelines to comorbidities, to other USPTF guidelines and comorbidities, and to test the method's feasibility at the point of care using the Veterans Affairs Medical System electronic medical records.



Aaron B. Caughey, M.D., Ph.D.

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Aaron B. Caughey, M.D., Ph.D.**What Would You Like To Share About The PFSP?**

The program is unique in its scope, providing national mentorship and support for young to mid-career investigators. The success of my cohort (and others) is spectacular, and I believe that we need to figure out ways to continue this program.

Project Title:

Caesarean, Vaginal, and Operative Vaginal Delivery: Outcomes, Preferences, and Costs

Project Synopsis:

The study examined maternal preferences towards the various modes of delivery and their associated outcomes as well as costs and outcomes associated with term pregnancy management.

Virginia W. Chang, M.D., Ph.D.**What Has The PFSP Meant To Your Career So Far?**

The PFSP provided essential early career support. It also created a wonderful network with other scholars that will endure.

Project Title:

Weight Status and Quality of Care among Older Adults in the U.S.

Project Synopsis:

This study considered whether quality of care differs by patient weight status for a variety of common, outpatient services, and examined the role of potential mediating factors such as the complexity of overall clinical care.



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Peter Cram, M.D., M.B.A.

What Has The PFSP Meant To Your Career So Far?

The PFSP has had a huge impact on my career. More importantly, it has plugged me into a phenomenal network of leaders in academic medicine. I have made wonderful friends and valued confidants. And most of all, the program has made me a better investigator, mentor and leader.

Project Title:

The Impact of Specialty Hospitals on Delivery of Care to Financially Vulnerable Populations

Project Synopsis:

Dr. Cram used a mixed-methods approach to examine how specialty hospitals impacted the delivery of care to underinsured populations and minorities. Among other things, these studies demonstrated that specialty hospitals tended not to compete directly with general hospitals and that specialty hospitals often obtained better insured patients by locating in wealthy suburban neighborhoods.



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Louise Davies, M.D., M.S.

How Would Your Professional Life Have Been Different Without The PFSP?

My professional life would have been much more limited. With the PFSP program, I was encouraged to travel down new avenues in my research and thinking. I was also inspired by those around me and the great work they were doing.

Project Title:

Overdiagnosis in Thyroid Cancer: Providing Patients and Physicians with Tools for Management

Project Synopsis:

There has been a dramatic increase in thyroid-cancer incidence, but it has not been associated with increasing thyroid cancer mortality. This study aimed to help physicians and patients deal with the problem of overdiagnosis of thyroid cancer by addressing: 1) how people become at risk for overdiagnosis, 2) what alternative treatments are available to patients, and 3) what patients want.

Melinda A. Maggard Gibbons, M.D., M.S.H.S.

What Has The PFSP Meant To Your Career So Far?

It has made a huge impact on my career and my ability to be promoted, has offered networking and collaboration, and has provided a great opportunity to learn.

Project Title:

Multidisciplinary Approach to Improving Outcomes Following Bariatric Surgery

Project Synopsis:

The project aimed to identify the key components to optimizing success following bariatric surgery - an elective procedure - by studying factors associated with achieving greater weight loss and the control of obesity-related comorbidities.



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Ajay K. Israni, M.D., M.S.

How Would Your Professional Life Have Been Different Without The PFSP?

I would not have had access to career development opportunities. I would not have had the ability to expand my research horizons. I would not have been able to network with peers across the country.

Project Title:

Ethnicity, Follow-up Care and Renal Function Monitoring After Kidney Transplantation

Project Synopsis:

Recent findings show that there is a high degree of variability in how often transplant centers and nephrologists routinely see their kidney-transplant recipients. This study addressed a disparity between African Americans and others in the success and survival of renal allografts.



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Sandra H. Jee, M.D., M.P.H.

How Would Your Professional Life Have Been Different Without The PFSP?

I would have missed connecting with dynamic colleagues who have diverse research interests and backgrounds, and who have opened my eyes to important areas of inquiry.

Project Title:

Primary Care-Based Mental Health Screening for Adolescents in Foster Care

Project Synopsis:

While it is known that many adolescents in foster family care have significant mental health disorders, few are identified in a timely manner. Appropriate referral and treatment for mental health disorders hinge on timely and accurate screening. As the first point of entry to care, the primary-care setting may be the most efficient site to conduct such screening. This project studied the accuracy, feasibility, acceptance and impact of mental health screening for adolescents (11-18 years) in foster family care.



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Craig D. Newgard, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

The opportunity to meet, network and collaborate with some amazing people across a variety of disciplines. Both the NAC and peer mentorship have been outstanding and have opened up a variety of opportunities for me. My PFSP project provided pilot data for my first R01. PFSP has been a catalyst for my research and for opening my eyes to policy-relevant health services work.

Project Title:

Improving Prehospital Trauma Triage: Generating a Cost-Effective and Resource-Efficient Mechanism for the Field Triage of Injured Persons

Project Synopsis:

Using a population-based, prospective cohort of injured persons evaluated in the prehospital setting, this study aimed to 1) create new field trauma triage guidelines that better match patient resource needs with hospital resource availability, and 2) to compare the costs and cost-effectiveness of the “new” triage guidelines to current U.S. guidelines for field triage.



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Nirav R. Shah, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

Many of my closest friends and “go-to” professional contacts are fellow scholars. They have introduced me to paradigms in their own fields that I’ve been able to mine and have provided some of the most thoughtful (and appreciated) critiques of my work. RWJF has also facilitated some of the best mentoring relationships one could imagine - allowing scholars to truly “stand on the shoulders of giants.”

Project Title:

Outpatient Cardiovascular Guidelines Applied in Practice (GAP) Study

Project Synopsis:

This study aimed to advance a practice-based system for CVD risk management that would lead to improved processes of care, improved outcomes and sustainable (useable and financially viable) change, ultimately yielding an exportable product that can be adopted by other systems (including Kaiser, Group Health Cooperative and the Cleveland Clinic) that use the Epic or other Electronic Health Record systems.

Elsie M. Taveras, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

The PFSP was a tremendous catalyst to my career development! In addition to the protected time for research and funding for my research project, the program offered many priceless benefits, the most important of those was the support, advice and friendship from the NAC and my fellow Scholars.

Project Title:

Developing Culturally Tailored Interventions to Reduce Disparities in Childhood Obesity

Project Synopsis:

This project aimed to develop and pilot-test an innovative, culturally tailored intervention to prevent obesity among 2 through 5-year-old, low-income, minority children. The intervention used an integrated information system (Internet and email) to support parents in preventing obesity, and making healthy nutrition and physical activity behavior changes in their overweight children.



Elsie M. Taveras, M.D., M.P.H.

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Kathleen E. Walsh, M.D., M.Sc.

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Kathleen E. Walsh, M.D., M.Sc.

What Has The PFSP Meant To Your Career So Far?

Great connections to friends and colleagues with similar interests. Outstanding research mentoring.

Project Title:

Outpatient Medication Errors in Children with Chronic Conditions

Project Synopsis:

In this project, Dr. Walsh described rates and types of home-medication errors among children with chronic conditions and worked with parents to develop a web-based intervention to prevent errors. Early successes in developing home visit methods to detect errors helped Dr. Walsh secure additional funding from the Charles Hood Foundation and the Cancer Research Network to study home-medication errors in children with cancer at multiple sites.



C. Jason Wang, M.D., Ph.D.

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C. Jason Wang, M.D., Ph.D.

What Has The PFSP Meant To Your Career So Far?

PFSP helped to launch my career. Iris, Sally, Erin, Hal and the national advisory committee have been so helpful and kind. My fellow scholars have provided peer mentorship not possible in a typical academic environment due to the multidisciplinary and cross-institutional nature of the cohort.

Project Title:

Premature Infants: Improving Their Follow-up Care

Project Synopsis:

This study aimed to improve the health and developmental outcomes of preterm infants by improving their quality of care, with a special emphasis on the intersection of health care and community-based Early Intervention (EI) services for infants and children less than 3 years of age.



Sarah E. Wiehe, M.D., M.P.H.

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Sarah E. Wiehe, M.D., M.P.H.

How Would Your Professional Life Have Been Different Without the PFSP?

I would likely have chosen a different path of research - one that is more traditional and less innovative.

Project Title:

Space-Time Analysis of Adolescent Health-Risk Behaviors

Project Synopsis:

This study aimed to examine the dynamic context, or the changing physical and social environments, as it relates to health-risk behaviors of adolescent young women by 1) employing global position satellite (GPS)-enabled cell phones to continually track their movements for four one-week periods over the course of a year, and 2) using qualitative techniques to identify important contextual constructs to health-risk behaviors.

*“The Physician Faculty Scholars Program
opened doors to me that otherwise would
have been difficult to open.”*





Ingrid A. Binswanger, M.D., M.P.H.

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Ingrid A. Binswanger, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

The PFSP has provided me with the time and flexibility to create a research program in a relatively new field, learn about a range of research methods and be inspired by amazing colleagues from around the country in different disciplines.

Project Title:

Improving Health Outcomes During the Transition from Prison to the Community

Project Synopsis:

This project aimed to advance knowledge about the risks of death and develop an intervention to improve health outcomes among former inmates returning to the community.



Cynthia M. Boyd, M.D., M.P.H.

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Cynthia M. Boyd, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

The PFSP has been a truly exceptional experience - especially the mentoring and peer mentoring.

Project Title:

Treatment Burden Among Older Adults with Multimorbidity

Project Synopsis:

This project's goal was to lay the groundwork for the development of practical instruments and clinical strategies that access and incorporate treatment burden as a core element in medical decision-making within the clinical encounter in older adults with multimorbidity.



Andrea L. Cherrington, M.D., M.P.H.

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Andrea L. Cherrington, M.D., M.P.H.

How Would Your Professional Life Have Been Different Without the PFSP?

I believe that when you tell someone you are or have been in the RWJF PFSP people look at you a little differently. My professional life has been enriched significantly through my participation in the program.

Project Title:

Weight Loss and Diabetes Prevention in Latina Immigrants: Advancing Methods of Community-Based Intervention Delivery

Project Synopsis:

The objective of the project was to develop and test a culturally relevant, community-based intervention to promote weight loss and diabetes prevention among overweight or obese Latina immigrants.

John H. Choe, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

(Hopefully) lifelong friends and colleagues that will act as mentors and cheerleaders through every phase of my career. The guidance of my NAC mentor (Gail Slap) has been incredible, and she helped me navigate the difficult waters of transitioning between jobs at my institution.

Project Title:

Tailoring Programs to Increase Acceptance of Cancer-Preventing Vaccines Among Asian Immigrants

Project Synopsis:

The project's aim was to develop culturally tailored education programs for Asian immigrants to increase knowledge and willingness to receive vaccines for HPV and HBV. Using attitudes about hepatitis B vaccination as a starting point for focus group discussions, Dr. Choe developed and tested a culturally-appropriate educational outreach program to increase acceptance of human papillomavirus vaccines in several Asian communities at high risk for cervical cancer.



John H. Choe, M.D., M.P.H.

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Kristen A. Copeland, M.D., F.A.A.P.

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Kristen A. Copeland, M.D., F.A.A.P.

What Has The PFSP Meant to Your Career So Far?

The biggest thing for me has been the connections I've made in the class of 2011. They have helped me professionally in providing outside perspectives from other disciplines and institutions as I've tried to move forward my research, administrative and teaching responsibilities, and promotion. They have also helped me personally in balancing work and family, and staying grounded with what is important. Plus, they are a blast to hang out with.

Project Title:

Promoting Children's Physical Activity and Healthy Weight Gain:
Identifying Strategies in the Child Care Center Environment

Project Synopsis:

The goal of this project was to identify which aspects of the child-care-center environment effectively promote children's physical activity and a balanced diet.



Marie Crandall, M.D., M.P.H.

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Marie Crandall, M.D., M.P.H.

How Would Your Professional Life Have Been Different Without the PFSP?

Much less academic "street credibility."

Project Title:

Racial and Socioeconomic Disparities in Trauma Care

Project Synopsis:

This study aimed to elucidate racial and socioeconomic disparities in trauma care. Dr. Crandall described national and regional trauma patterns, compared prehospital trauma care, looked at outcomes of particular injuries, and determined patient long-term follow-up and care satisfaction by race and socioeconomic status.



Ray Dorsey, M.D.

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Ray Dorsey, M.D.

How Would Your Professional Life Have Been Different Without The PFSP?

Far less validation for the type of work that I do.

Project Title:

Life Decisions for Individuals With and At Risk for Huntington Disease

Project Synopsis:

The project's purpose was to examine how important life decisions are influenced when a person has a genetic risk for Huntington Disease, a condition with a premature mortality.

Michael F. Dulin, M.D., Ph.D.

What Has The PFSP Meant To Your Career So Far?

The PFSP opened doors to me that otherwise would have been difficult to open. I gained political clout within my organization at a critical juncture that helped pave the way for comparative effectiveness research endeavors. In addition, the PFSP award offered significant credibility to the NIH and AHRQ study sections that was essential to my securing extramural funding.

Project Title:

Improving Healthcare Access for a Transitioning Community Using
Participatory Research

Project Synopsis:

The goal of this study was to improve access to primary care services for the transitioning Hispanic immigrant population in Charlotte, NC.



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Allison W. Kurian, M.D., M.Sc.

What Has The PFSP Meant To Your Career So Far?

This award was crucial in providing protected time for mentored research early in my faculty career, enabling completion of a research project that has resulted in high-impact publications. It also introduced me to exceptionally talented mentors and colleagues who have greatly broadened my perspective on research topics and methods, and on academic medicine more generally.

Project Title:

Breast Cancer Risk Reduction Strategies: Optimizing Their Use by Patients and Physicians

Project Synopsis:

This study developed an evidence-based, clinical decision support tool to guide women and their physicians in choosing the optimal breast-cancer risk-reducing option.



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David J. Lederer, M.D., M.S.

How Would Your Professional Life Have Been Different Without The PFSP?

At last year's meeting, I told Cynthia Boyd (PFSP '11) that I needed a "quantitative test for protoplasm" to identify suitable lung transplant candidates. Six months later, she and I submitted an R01 application to study frailty and sarcopenia in advanced lung disease.

Project Title:

Explaining Racial and Ethnic Disparities in Idiopathic Pulmonary Fibrosis

Project Synopsis:

This project identified factors that contribute to racial and ethnic disparities in idiopathic pulmonary fibrosis.



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Phillip D. Levy, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

Beyond providing the means to conduct my research, this program has given me the confidence that I "belong" in the world of high-level research, and has showed me that I can effectively synthesize my ideas into cohesive, compelling grant proposals. Moreover, it has given me an opportunity to work directly with incredibly competent mentors in a manner and proximity that simply would not be possible otherwise. It has also provided access to an unbelievable cadre of peer mentors whose accomplishments, while intimidating at times, have been inspirational and encouraging.

Project Title:

Pre-Clinical Cardiac Dysfunction Among Asymptomatic Hypertensive Patients in an Urban Emergency Department: Is a Program Focused on Early Detection and Blood Pressure Control Clinically and Cost Effective?

Project Synopsis:

This study developed, implemented and evaluated the effectiveness of a novel program to detect and treat pre-clinical cardiac dysfunction in asymptomatic, hypertensive emergency department patients with no usual source of primary care.

Alain H. Litwin, M.D., M.S.

How Would Your Professional Life Have Been Different Without The PFSP?

My colleagues, mentors and program staff at PFSP are wonderful role models both as scientists and people. They have pushed me to aim high with words and by actions.

Project Title:

Directly Observed Hepatitis C Treatment in Methadone Clinics

Project Synopsis:

The goal of this study was to determine in a randomized trial whether modified directly observed HCV treatment provided on site is more efficacious than self-administered HCV treatment.



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Judette M. Louis, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

The program has provided me with funding and support to study an area for which there was great public health need but limited funding. I also had the opportunity to learn about different research methods and incorporate some of those methods in my studies.

Project Title:

Obstructive Sleep Apnea in Pregnancy: Epidemiology and Associated Maternal/Neonatal Morbidity

Project Synopsis:

This study utilized a high-risk population to develop and validate a screening tool for obstructive sleep apnea in pregnancy. Among the secondary goals of this project were to begin to estimate the prevalence of obstructive sleep apnea in a high-risk population with an emphasis on obese diabetic patients and determine the impact of the disease process independent of other comorbid conditions on neonatal and maternal morbidity.



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Samir S. Shah, M.D., M.S.C.E.

What Has The PFSP Meant To Your Career So Far?

The RWJF PFSP has served as a springboard for my career. It has helped enormously in terms of project support, and also in the opportunities to connect with researchers in other disciplines as peers and mentors.

Project Title:

Predicting Adverse Outcomes in Children with Community-Acquired Pneumonia

Project Synopsis:

This project sought to develop and implement a decision-support tool that predicts pneumonia-related outcomes to help optimize management decisions in children with Community-Acquired Pneumonia.



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Marjorie C. Wang, M.D., M.P.H.

What Has The PFSP Meant To Your Career So Far?

PFSP has helped me further my research interests and skills while also maintaining clinical expertise. It has allowed me multiple opportunities to network beyond my academic center and specialty, and helped further my career goals.

Project Title:

Risks, Outcome and Expectations: Cervical Spine Surgery for Degenerative Disease

Project Synopsis:

This project aimed to improve the level of evidence for cervical spine surgery to better support patient decision-making.

“The RWJF Physician Faculty Scholars Program has served as a catalyst - allowing me to move forward in my career at a faster pace and with greater success than I could have ever envisioned.”



The notation RWJF or VA indicates whether the scholars are funded through the Robert Wood Johnson Foundation or the Veterans Affairs Career Development Award Program.



Deverick J. Anderson, M.D., M.P.H. (RWJF)

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Deverick J. Anderson, M.D., M.P.H. (RWJF)

What Would You Like To Share About The PFSP?

The support and advice I have received from my colleagues, the NAC and the NPO have really helped shape my career. The infrastructure of support available to junior faculty is simply unparalleled. I am grateful to the RWJF for the opportunity.

Project Title:

Bloodstream Infections (BSIs) in Community Hospitals: An Unknown Entity

Project Synopsis:

Dr. Anderson's project aims to delineate the epidemiology of bloodstream infections in community hospitals and, in particular, to determine why 30 percent to 50 percent of patients with bloodstream infections in community hospitals receive inappropriate antimicrobial therapy. The study will involve the review and analysis of more than 1,600 cases of bloodstream infections collected from 10 community hospitals. Results from this project will be an important initial step in improving therapy and outcomes for patients with bloodstream infection in community hospitals.



David G. Bundy, M.D., M.P.H. (RWJF)

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David G. Bundy, M.D., M.P.H. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

I would have had to spend much more time seeking funding to protect my research time. The PFSP has allowed me to focus on the work, and not simply funding the work.

Project Title:

Improving Preventive Services Delivery to Children with Sickle Cell Disease

Project Synopsis:

This two-part project involves 1) an analysis of Maryland Medicaid claims data to determine whether and how preventive care is delivered to children with sickle cell disease, and 2) an intervention aimed at improving transcranial Doppler screening rates (to prevent stroke) in the same population. Dr. Bundy's research reflects larger research efforts nationwide aimed at narrowing the gap between what is and what could be in the health care of children with chronic conditions.

Alison G. Cahill, M.D., M.S.C.I. (RWJF)

What Has The PFSP Meant To Your Career So Far?

It has been tremendous both for my science as well as for the progression of my career.

Project Title:

Prediction of Fetal Acidemia with Intrapartum Electronic Fetal Heart Rate Monitoring

Project Synopsis:

Dr. Cahill will examine features of Category II EFM recordings and their ability to predict outcomes. She aims to incorporate these findings into improving the use of the most commonly utilized instrument, EFM, in all of obstetrics.



Alison G. Cahill, M.D., M.S.C.I. (RWJF)

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Nefertiti H. Durant, M.D., M.P.H. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

Without the PFSP, I would not have been able to develop the skills to create internet-based technologies to promote physical activity and weight loss in young African American women.

Project Title:

Weight Loss and Physical Activity in Young Adult African American Women: Harnessing the Power of Technology

Project Synopsis:

The objective of this project is to develop and test a culturally relevant, technology-based intervention to promote weight loss and physical activity among overweight and obese young African American women. This study seeks to utilize the benefits of information technology.



Nefertiti H. Durant, M.D., M.P.H. (RWJF)

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David A. Ganz, M.D., Ph.D. (VA)

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David A. Ganz, M.D., Ph.D. (VA)

What Has The PFSP Meant To Your Career So Far?

PFSP's value, more than anything, is in its people - people who think fresh thoughts about difficult problems. Being exposed to such people opens up new avenues of thinking in one's own line of research.

Project Title:

Improving Implementation of Fall Prevention Programs in Older Veterans

Project Synopsis:

This project is focused on developing, implementing and evaluating a quality-improvement program to prevent falls in community-dwelling elders served by the Department of Veterans Affairs.



Seth W. Glickman, M.D. (RWJF)

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Seth W. Glickman, M.D. (RWJF)

What Has The PFSP Meant To Your Career So Far?

The program has been absolutely instrumental in my development and early academic achievements. It has provided me access to wonderful and supportive mentors and colleagues, and the freedom to explore my professional interests during this critical stage of my career.

Project Title:

Inequalities in Emergency Medical Systems and Implications for Regionalized Systems of Health Care Delivery in Minority Populations and Rural Areas

Project Synopsis:

Dr. Glickman proposes to evaluate the timeliness and quality of EMS care for patients with acute chest pain across a wide geography and develop models of tailored interventions to improve the performance of individual EMS units. His goal is to characterize the continuum of health care for myocardial infarction from onset of chest pain to entry into large regionalization programs, particularly among under-served areas and patients.



Ruchi S. Gupta, M.D., M.P.H. (RWJF)

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Ruchi S. Gupta, M.D., M.P.H. (RWJF)

What Has The PFSP Meant To Your Career So Far?

PFSP has been amazing for my career. First, it has allowed me to focus on my research by protecting my time. Next, it is prestigious and when you state you are scholar people seem to have more faith in your abilities. Third, it is such a great network. There are so many past scholars that it has allowed me to collaborate with a number of amazing researchers from all over the country. Basically, it gives you a great start, support and confidence in your abilities to be a successful physician researcher!

Project Title:

The Impact of Community Factors on Childhood Asthma and Asthma Disparities

Project Synopsis:

This project is designed to allow 15 students with asthma to become researchers to identify personally relevant community factors and barriers affecting their asthma, and to address these factors through student-produced Public Service Announcements to raise public awareness.

David A. Haggstrom, M.D., M.A.S. (VA)

What Has The PFSP Meant To Your Career So Far?

PFSP has meant new friends, and both an introduction and reminder of medical and academic traditions.

Project Title:

Colorectal Cancer Survivor Surveillance Care and Personal Health Records

Project Synopsis:

This project will establish the quality and determinants of surveillance care among veteran colorectal cancer survivors and develop a patient-centered intervention. The project's aims include identifying patient, physician and organizational factors associated with the underuse and overuse of surveillance care.



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Michael D. Howell, M.D., M.P.H. (RWJF)

What Has The PFSP Meant To Your Career So Far?

I was at a tremendously vulnerable stage of my career when I was selected as a Physician Faculty Scholar. It's stunning how it changed other peoples' perception of me and my work - suddenly people thought I was a serious researcher. The program also gave me breathing space to try (and usually fail) to think big thoughts, gather preliminary data for grants and internally funded infrastructure, and otherwise grow as a researcher. Somehow, I have moved from "the guy trying to study health care operations and innovation" to getting promoted, having my own mentees and directing a Research Core. I think the program had a tremendous amount to do with that.

Project Title:

Preventing the Need for Rescue Care: Averting Acute Inpatient Decompensations

Project Synopsis:

The project's overall goal is to reduce the need for emergent, reactive inpatient rescue care by designing, implementing and testing a system of care that predicts - and adjusts clinical resources to match - each patient's projected future risk of acute clinical decompensation.



Renee Hsia, M.D., M.Sc. (RWJF)

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Renee Hsia, M.D., M.Sc. (RWJF)

What Has The PFSP Meant To Your Career So Far?

The PFSP has been incredibly valuable to me professionally as well as personally, especially as a new investigator in a field (emergency medicine) that is not well established in research. The RWJF PFSP has provided the human capital as well as the financial capital to make my research possible. From giving me more credibility in my department to providing actual methods training in different seminars to opening up access to a world of other researchers, collaborators and mentors, the RWJF PFSP is absolutely unique as a career development award.

Project Title:

Factors Associated with Closure of Emergency Services and Impact on Patient Outcomes

Project Synopsis:

This project focuses on systems-level risk factors of decreased access to both emergency departments and trauma centers - specifically for at-risk populations such as minorities and the poor - and investigates the effects of decreased access on patients with time-sensitive conditions.



Reshma Jagsi, M.D., D.Phil. (RWJF)

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Reshma Jagsi, M.D., D.Phil. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

As a radiation oncologist, I would have found it very difficult to find a community like this anywhere else.

Project Title:

A Mixed Qualitative and Quantitative Investigation into the Barriers Facing Junior Physician Faculty Researchers

Project Synopsis:

Dr. Jagsi will explore the challenges faced by young physician-researchers and the reasons for gender disparities in advancement in academic medicine. She will conduct a mixed-methods social scientific study, utilizing both qualitative and quantitative methods, drawing her subjects from the ranks of former Robert Wood Johnson Generalist Scholars and other career development awardees and their mentors.

Erin E. Krebs, M.D., M.P.H. (VA)

How Would Your Professional Life Have Been Different Without The PFSP?

My view would be a little narrower and my world a little smaller. If it wasn't for the PFSP, I wouldn't ever cross paths with the scholars and NAC members who are outside of my specialty, research focus and institution.

Project Title:

Improving the Quality and Safety of Opioid Prescribing in Primary Care

Project Synopsis:

The project includes identification of barriers to opioid monitoring in primary care and development of organizational interventions to support safer opioid prescribing.



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Suzanne Lazorick, M.D., M.P.H. (RWJF)

What Has The PFSP Meant To Your Career So Far?

The PFSP has made all the difference for me in having the skills, support and confidence to continue to pursue my health services work in childhood obesity at a lesser-known institution. I will be forever grateful to the program and the NAC for believing in me and providing me career-changing guidance at this critical juncture.

Project Title:

MATCH Learning to Lifestyle - A School-based Wellness Intervention for Obesity

Project Synopsis:

The objective of the project is to evaluate the effectiveness and feasibility of an innovative middle school-based obesity intervention in rural North Carolina called Motivating Adolescents with Technology to Choose HEALTH (MATCH). The study seeks to understand if the intervention is effective, how it influences student lifestyle behavior change, and if expansion is feasible as a possible way to utilize the school setting to impact obesity in young adolescents.



Jason T. Lee, M.D. (RWJF)

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Jason T. Lee, M.D. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

I would not have had the jumpstart on the research I've been able to perform or understood many of the metrics that are now referred to as the Stanford scale for assessment. Therefore, I would not have gotten some of the credit I've received for developing this science.

Project Title:

The Impact of a Simulation-based Endovascular Curriculum on Trainee Performance and Clinical Outcomes in Vascular Surgery

Project Synopsis:

Dr. Lee will assess endovascular simulation as a tool to promote procedural efficiency in the endovascular suite and reduce procedural errors. He will also create a Vascular Surgery Registry at Stanford to determine if the implementation of a structured educational program translates into improved patient outcomes and patient safety.



Michael Ong, M.D., Ph.D. (RWJF)

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Michael Ong, M.D., Ph.D. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

Without the PFSP, I doubt I would have received my first R01 grant. My research program might have taken on a completely different path. I probably would not have taken on my current leadership positions within my institution and health care system.

Project Title:

Variations in Care: Developing Interventions to Improve Heart Failure Care Transitions

Project Synopsis:

This project links quality-improvement research with studies of variation by evaluating the association of care transition quality with variation in resource use and mortality among the six medical centers, developing care transition interventions collaboratively with the six medical centers and evaluating the effect of implemented interventions on resource use variation among the six medical centers.

Anjali Sharma, M.D., M.S. (RWJF)

How Would Your Professional Life Have Been Different Without The PFSP?

As a junior faculty at an institution that does not have a large research profile, there are tremendous challenges in successfully competing for NIH funding. This program has allowed me not only the time, mentorship and funds to continue research, but also the opportunity to build a funding history. It also has allowed me to see my own projects to completion and publication, and a chance to carve out a specific direction for my research. Without this program, I may not have been able to continue on a research pathway or would likely have had to seek out other professional opportunities.

Project Title:

Factors Associated with Bone Loss Among Women and Men With and At-Risk for HIV

Project Synopsis:

The project will study bone metabolism and its relation to opioid use and HIV using two well-established cohorts designed specifically to evaluate metabolic complications of HIV among women and men who use drugs.



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Andrew J. Stephenson, M.D. (RWJF)

Assistant Professor of Surgery (Urology)
Case Western Reserve University
School of Medicine
stephea2@ccf.org

Andrew J. Stephenson, M.D. (RWJF)

What Has The PFSP Meant To Your Career So Far?

The program has been an outstanding resource and support for my research endeavors, and has provided unique opportunities to interact with investigators with similar broad health services research interests outside of my medical specialty.

Project Title:

Decision Analysis Model to Facilitate Treatment Decision Making for Localized Prostate Cancer: A Randomized Trial

Project Synopsis:

Dr. Stephenson will build upon his previous work developing nomograms to predict oncological and quality-of-life outcomes (urinary, sexual and bowel dysfunction) following definitive local therapy.



Rebecca L. Sudore, M.D. (VA)

Assistant Professor of Medicine
University of California, San Francisco
School of Medicine
rsucsf@yahoo.com

Rebecca L. Sudore, M.D. (VA)

How Would Your Professional Life Have Been Different Without The PFSP?

I would not have received the crucial mentoring and project-specific advice that I needed to move my research program to the next level and to obtain independent research funding. Through breakout sessions at the PFSP national meetings, peer mentorship and ongoing education, I have learned a great deal about managing a research team, recruiting study subjects, statistical analysis and work/life balance. These are skills that I benefit from daily.

Project Title:

Enhancing Advance Care Planning in Diverse Elders with Limited Literacy

Project Synopsis:

This project is focused on creating culturally and literacy-appropriate tools to help patients define the value they place on the burden and outcomes of treatment. The goal of this work is to better enable patients to engage in advance-care planning and to make appropriate medical decisions at the end of life.



Amal Trivedi, M.D., M.P.H. (VA)

Assistant Professor of
Community Health
Brown University Medical School
amal_trivedi@brown.edu

Amal Trivedi, M.D., M.P.H. (VA)

How Would Your Professional Life Been Different Without The PFSP?

The interactions with scholars and mentors have substantially impacted the direction of my research career. The RWJF scholars' projects were both innovative and inspiring.

Project Title:

Comparing Quality and Equity of Care in the VA and Medicare Managed Care

Project Synopsis:

The project will compare clinical performance and disparities in clinical performance in the Veterans Affairs Health Care System and Medicare-managed care in the areas of diabetes, cardiovascular and cancer screening.

H. Shonna Yin, M.D., M.S. (RWJF)

What Has The PFSP Meant To Your Career So Far?

The Robert Wood Johnson Foundation Physician Faculty Scholars Program has served as a catalyst - allowing me to move forward in my career at a faster pace and with greater success than I could have ever envisioned. The outstanding mentorship and opportunities afforded me by being in the PFSP have truly been invaluable.

Project Title:

Dissemination of a Health Literacy Intervention to Improve Provider-Patient Communication of Medication Instructions and Decrease Outpatient Pediatric Medication Errors

Project Synopsis:

This project will evaluate the effectiveness and feasibility of a novel health-literacy intervention as it is implemented in the pediatric emergency room setting for use by providers. The technology-based intervention is designed to facilitate accurate dosing and adherence by directly addressing the communication needs of caregivers with low health literacy, and includes patient- and medication-specific, bilingual, plain language, pictogram-based medication instruction and log sheets, as well as use of teachback.



H. Shonna Yin, M.D., M.S. (RWJF)

Assistant Professor of Pediatrics
New York University School of Medicine
YINH02@nyumc.org

National Program Office

“The Physician Faculty Scholars Program was designed to support junior medical school faculty from all specialties who were working to improve health and health care delivery.”

Iris F. Litt, M.D.

Director, Physician Faculty Scholars Program
The Marron and Mary Elizabeth Kendrick Professor of Pediatrics, Emerita (Active)
Stanford University, Stanford, CA

What Is This Program’s Most Notable Contributions?

The Physician Faculty Scholars Program was designed to support junior medical school faculty from all specialties who were working to improve health and health care delivery. In the short time since it began, it accomplished this goal and so much more. Not only have the academic careers of the scholars been strengthened but so have their professional organizations in disciplines not previously focused on health-services research, prevention and community-based participatory research. Their research findings have already impacted health care in many cases. Many have already achieved leadership positions within academia and in the public domain. Most importantly, lessons learned about the importance of mentorship, networking, formal career-development curriculum, use of technology for distance learning and work/life balance can be useful to advancing the academic careers of other groups (especially under-represented minorities) in the future.



Sally Schroeder

Deputy Director, Physician Faculty Scholars Program
Stanford University, Stanford, CA

What Has It Meant To Be Part Of PFSP?

My affiliation with the Physician Faculty Scholars Program has been a most rewarding experience, and being part of a team with Iris Litt and Erin Amundson has been a pleasure. To observe the dedication and commitment of the NAC and scholars to the activities of the program and to the professional challenge of improving health care at large is inspiring. This is a truly unique group of people, and I am fortunate to have been associated with them. I look forward to following their contributions and successes in the future.



Erin O’Rourke Amundson

Administrator, Physician Faculty Scholars Program
Stanford University, Stanford, CA

What Has It Meant To Be Part Of PFSP?

This job has been extremely rewarding. It’s meant a lot to me to be a part of something that’s changing people’s lives, not only those of the scholars but of the people they help with the research they do. I feel part of a family with this program and the people involved in it. I’m especially grateful to Iris and Sally for their leadership, support and friendship over the past seven years.



“The greatest contribution seems to be the networking of scholars with their colleagues, with the National Advisory Committee (NAC), with the mentors of their colleagues.”





Harold C. Sox, M.D., Chair

Professor of Medicine and The Dartmouth Institute, Emeritus
Dartmouth Medical School
Hanover, NH
Editor, Emeritus, *Annals of Internal Medicine*
American College of Physicians

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

Seeing more non-generalist discipline faculty in the program and hopefully having an impact on their department and their careers. That probably wouldn't have happened as fast or effectively without the program and funding for research. That is the gap that was filled by the Physician Faculty Scholars Program, and it did it quite well.



Steven M. Asch, M.D., M.P.H. (VA Liaison)

Director of VA HSR&D Center for Healthcare Evaluation
ACOS for Clinical Effectiveness Professor
Stanford University School of Medicine
Stanford, CA

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

All good research is inherently collaborative. The lifelong connections fostered by the program make our research not only better but so much more fun.



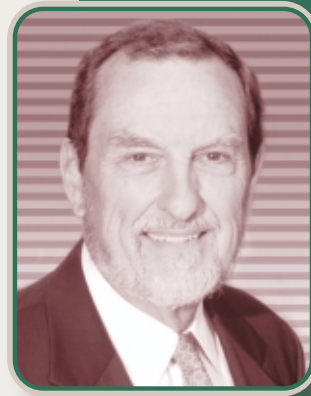
John D. Birkmeyer, M.D.

George D. Zuidema Professor of Surgery
Director, Center for Healthcare Outcomes & Policy
University of Michigan Medical School
Ann Arbor, MI

Term of Service: 2010-2012

What Is This Program's Most Notable Contribution?

The major job of the mentors is to inspire young physician investigators. Sometimes I think they inspire us even more.



Thomas F. Boat, M.D.

Vice President for Health Affairs
Christian R. Holmes Professor
Dean, College of Medicine
University of Cincinnati College of Medicine
Cincinnati, OH

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The greatest contribution seems to be the networking of scholars with their colleagues, with the NAC, with the mentors of their colleagues. These relationships will result in lifelong support, collaborations and friendships.



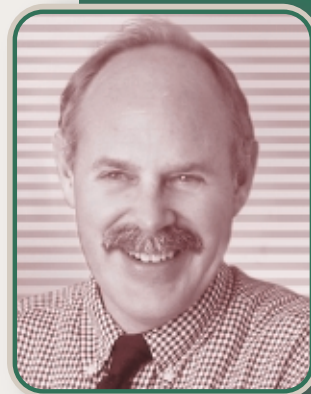
Ezra C. Davidson Jr., M.D.

Professor, Obstetrics and Gynecology
Charles R. Drew University of Medicine and Science
Professor, Obstetrics and Gynecology
David Geffen School of Medicine, UCLA
Los Angeles, CA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

I thought the program was an important contribution to the development and promotion of a young diverse faculty and the enhancement of junior faculty careers.



Richard A. Deyo, M.D., M.P.H.

Kaiser Permanente Professor of Evidence-Based Family Medicine
Department of Family Medicine
Oregon Health and Science University
Clinical Investigator, Kaiser Permanente Center for Health Research
Portland, OR

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

Fostering the evolution of a group of free-thinking but hardheaded physicians who will lead health system improvements.



Leonard E. Egede, M.D., M.S. (VA Liaison)

Professor of Medicine
 Director, Center for Disease Prevention and Health Interventions for Diverse Populations, Ralph H. Johnson VAMC, Charleston, SC
 Director, Center for Health Disparities Research
 Medical University of South Carolina
 Charleston, SC

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

The scholars program has played a major role in the training and career enhancement of physician-scholars and scientists. Very few national programs have had so much impact in developing leaders in the field of academic medicine. The collaboration with the VA provided unrivaled opportunity for VA scientists to benefit from such a superb program. It will be a great loss if the program is discontinued, so hopefully alternative funding will be found to continue its laudable goals and objectives.



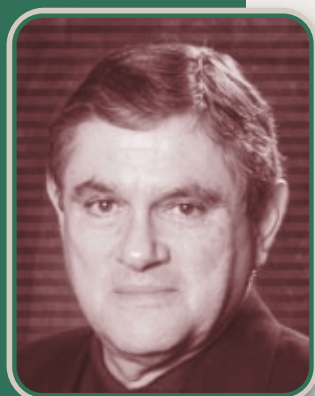
Seth A. Eisen, M.D., M.Sc. (VA Liaison)

Director, Health Services Research and Development
 Office of Research and Development
 Department of Veterans Affairs
 Washington, DC

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

Truly innovative health policy and health services research requires the collaboration of investigators across areas of expertise and experience. The unique contribution of the RWJF Physician Faculty Scholars Program is its commitment to a program based on facilitating communication among investigators early in their careers with senior researchers. A national, creative research network is thereby being developed.



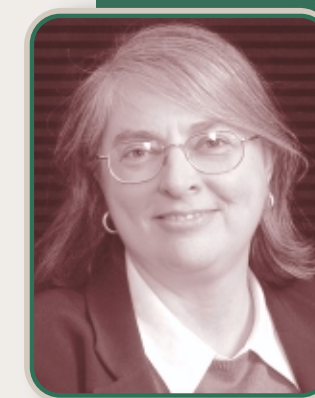
Javier I. Escobar, M.D., M.Sc.

Associate Dean for Global Health
 Professor of Psychiatry and Family Medicine
 UMDNJ-Robert Wood Johnson Medical School
 New Brunswick, NJ

Term of Service: 2007-2012

What Is This Program's Most Notable Contribution?

I believe the program has stimulated the academic careers of many gifted physicians and contributed significantly to the training of clinical researchers at a time when NIH presence in this area had been declining.



Mary K. Goldstein, M.D. (VA Liaison)

Director, Geriatrics Research Education and Clinical Center (GRECC)
 VA Palo Alto Health Care System
 Professor of Medicine (Center for Primary Care and Outcomes Research)
 Stanford University
 Stanford, CA

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

The RWJF Physician Faculty Scholars Program provides a context that encourages innovative thinking about health care and health-services research to improve health and well-being for a wide spectrum of the population. The program selects high-caliber junior faculty and brings them into a rich mix of leaders from many fields to help them maximize their potential to become effective change-agents. It has been exciting and inspiring to see them positioned to make a real difference in the health of the population.

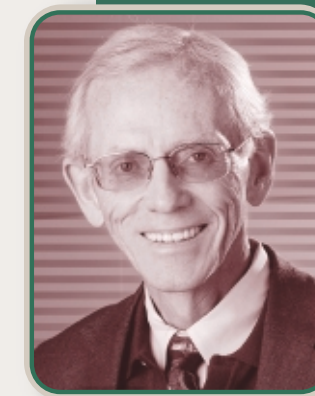
Larry A. Green, M.D.

Professor of Family Medicine
 Epperson-Zorn Chair for Innovation in Family Medicine and Primary Care
 University of Colorado Denver
 Denver, CO

Term of Service: 2005-2007

What Is This Program's Most Notable Contribution?

Finding, cultivating and enabling leaders to invent and develop primary care. An affordable health care system is crucial and foundational to the nation.



Amy Heneghan, M.D.

Palo Alto Medical Foundation
 Palo Alto, CA
 Adjunct Associate Professor of Pediatrics
 Case Western Reserve University School of Medicine
 Cleveland, OH

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The Physician Faculty Scholars Program changes professional lives. It certainly changed mine. It has been an honor to be part of such a network of curious thinkers, dedicated scientists and supportive colleagues. I have truly valued the years I have spent as a scholar and a mentor.



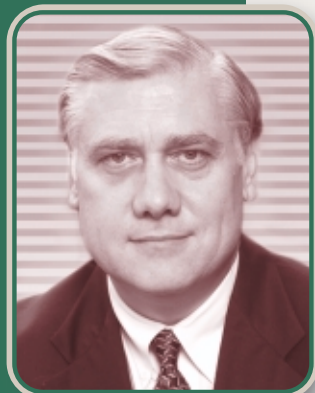


Sherrie H. Kaplan, Ph.D., M.P.H.
Assistant Vice Chancellor
Healthcare Evaluation and Measurement
Professor of Medicine
Executive Co-Director
Center for Health Policy Research
University of California, Irvine
Irvine, CA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The RWJF Physician Faculty Scholars Program and its primary care-focused predecessor filled a tremendously important and acutely needed gap in the career development of physician-scientists. The cadres of investigators who participated in this program have collectively made an unprecedented contribution to clinical and health policy research. They now represent the best trained clinical researchers poised to take on the dynamic and complex challenges facing the health care community on the near horizon. It has been a privilege to have worked among them all.



Kenneth W. Kizer, M.D., M.P.H.
Distinguished Professor
University of California Davis School of Medicine and
Betty Irene Moore School of Nursing
Director, Institute for Population Health Improvement
UC Davis Health System
Sacramento, CA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The Physician Faculty Scholars Program is one of the best of the many valuable and innovative programs that the RWJF has funded.



Louis J. Ling, M.D.
Professor of Emergency Medicine and
Associate Dean for Graduate Medical Education
University of Minnesota Medical School
Associate Medical Director for Medical Education
Hennepin County Medical Center
Minneapolis, MN

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The most notable contribution of this program is empowering a generation of thinkers and researchers who can lead the next generation in new ways of problem-solving. Their impact will change lives and make this a better world.



David O. Meltzer, M.D., Ph.D.
Director, Center for Health and the Social Sciences
Associate Professor and Chief, Section of Hospital Medicine
University of Chicago Pritzker School of Medicine
Chicago, IL

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

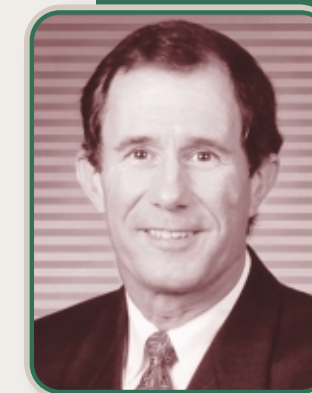
The most important contribution is almost surely the difference the program has made in the careers of the persons it has supported. The most important reason I chose to contribute my time on the NAC is because I have known the difference it can make to the persons it supports and how challenging it is to make the right decisions about who to support.

Robert H. Miller, M.D.
Executive Director, American Board of Otolaryngology
Visiting Professor, Bobby R Alford Department of Otolaryngology -
Head and Neck Surgery
Baylor College of Medicine
Houston, TX

Term of Service: 2005-2010

What Is This Program's Most Notable Contribution?

The program's legacy is the continued productivity of its awardees and their education, and motivation of their trainees as future investigators.



M. Norman Oliver, M.D., M.A.
Spencer P. Bass Twenty-First Century Professor
Chair, Department of Family Medicine
University of Virginia School of Medicine
Director, University of Virginia Center on Health Disparities
Charlottesville, VA

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

This program has created a generation of new physician-scholars whose work and example will inspire hundreds - if not thousands - of others to excellence in research and clinical care. It's a legacy we can all take pride in.





Eliseo J. Pérez-Stable, M.D.

Professor of Medicine
Chief, Division of General Internal Medicine, Department of Medicine
Director, Medical Effectiveness Research Center for Diverse Populations
University of California, San Francisco School of Medicine
San Francisco, CA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

The Physician Faculty Scholar Program provided me with the equivalent of a study section graduate seminar experience, a great meeting for discussing the most important topics in public health, sessions for intellectual jousting about research issues and the privilege to meet the rising stars in clinical medicine. I, too, asked for letters of recommendation for promotion from NAC members! It has been a great ride. Thanks to all!



Laura A. Petersen, M.D., M.P.H. (VA Liaison)

Professor of Medicine
Chief, Section of Health Services Research
Baylor College of Medicine
Director, VA Health Services Research and Development Center of Excellence
Houston, TX

Term of Service: 2008-2012

What Is This Program's Most Notable Contribution?

The most valuable contributions of this program are the relationships that were built because of it. These relationships were with and among the NAC, between the scholars, and between current scholars and program alumni. No other career development program so intentionally and effectively builds and values these types of relationships, and I will always be grateful for the opportunity to have benefited as both a scholar and a NAC member from this unique aspect of the program.



Neil R. Powe, M.D.

Chief of Medical Services
San Francisco General Hospital
Vice Chair of Medicine
University of California, San Francisco
San Francisco, CA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

To produce a new generation of creative leaders in health services research, health policy and clinical epidemiology who are able to address the nation's leading challenges in health and healthcare.



Gail B. Slap, M.D., M.Sc.

Professor of Pediatrics and Medicine
University of Pennsylvania School of Medicine
Associate Chair for Education
Department of Pediatrics
The Children's Hospital of Philadelphia
Philadelphia, PA

Term of Service: 2005-2012

What Is This Program's Most Notable Contribution?

I believe the program addressed a critical issue confronting U.S. healthcare: the development of talented physician-scientists who have dedicated their early careers to clinical research, health policy, and bridging the divide between academic health centers and the communities they serve.



Dear Physician Faculty Scholars:

As your academic careers blossom and your lives unfold, the experiences, knowledge and connections seeded through this program will continue to grow and deepen – paying dividends to each of you and to the field of health and health care.

You will always be members of the RWJF community.

I salute your accomplishments and wish you success in the years to come.

All the best,

A handwritten signature in black ink, appearing to read "Susan". The signature is fluid and cursive, written in a professional style.

As the Physician Faculty Scholars Program comes to a close, participants pointed to both measurable successes in their lives, such as academic promotions, and less tangible impacts, such as gaining a group of trusted colleagues that they count on now and plan to seek out throughout their careers. They say that the program came at a crucial time in their lives, providing them the support and encouragement they needed to undertake research that is critical but often undervalued in academic medical institutions.

Perhaps one of the most powerful impacts will be seen as these scholars, learning from their experience in this program, not only take on leadership roles but mentor the next generation of physician leaders.

Written by: Susan Parker

*Reviewed by: Iris Litt, Sally Schroeder,
Denise Davis, Linda Wright Moore*

Copyedited by: Sherry Howard



Robert Wood Johnson Foundation