Buddy come to our Cancer Center grand rounds and today we have a very special grand rounds with the state of the school and state of the Cancer Center. But Dean Brown, most of you have met her in the various time and spoken to us. But those of you may be hearing Dean Brown for the first time. As you know, Dean Brown is the gene and David Wallace, Dean of the School of Medicine and also the CNH longer with internal medicine.
She’s a Yale alum. She went to undergrad here and was an MVP major and I think arose. From what I recall in earned her medical degree from that other school. But starting with H. And then did majority of her time it at Vanderbilt and training in medicine and a fellowship in nephrology and has a laboratory in basic science focused on transport mechanisms. I think all of you who know Dean Brown also knows she’s been committed to the training of the physician scientist and during her tenure at Vanderbilt, started the Elliot Newman Society to
support the development of physician scientists and also co-founded the Masters Program for Clinical investigation. She has numerous leadership roles.

I don't think I need to go through the all of those, but I think for today’s agenda and what we have seen, Nancy as she's arrived. He’s LED us through the COVID base, but has also importantly brought the community together in the past 18 months that she has been here and having participated in these forums. I will tell you that this is meant

NOTE Confidence: 0.760702855
00:01:04.322 --> 00:01:06.512 support the development of physician scientists and also co-founded the Masters Program for Clinical investigation. She has numerous leadership roles.

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00:01:13.118 --> 00:01:15.395 I don’t think I need to go through the all of those, but I think for today’s agenda and what we have seen, Nancy as she's arrived. He’s LED us through the COVID base, but has also importantly brought the community together in the past 18 months that she has been here and having participated in these forums. I will tell you that this is meant

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NOTE Confidence: 0.760702855
00:01:18.646 --> 00:01:20.640 and what we have seen,

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00:01:21.840 He’s LED us through the COVID base, but has also importantly brought the community together in the past 18 months that she has been here and having participated in these forums. I will tell you that this is meant

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00:01:26.770 but has also importantly brought
to be interactive.

I suspect Nancy will give us a little bit of this highlights and then I hope we can. Use the zoom format to ask Dean Brown questions. So with that being brown, welcome to the Cancer Center. We’re really happy to have you and talk come and talk to us. Thank you and that’s exactly right. I do these talks and go from department or center to center and I’ll review what I call the clip notes of the state of the school and.
Try to highlight some particular kudos for members of this Cancer Center. I hope all that will take about 15 to 20 minutes and that the remainder of the time will have four open conversations. And so, uh, let me start by saying, you know we have recruited a number of leaders in the last year. Two new department chairs, anesthesiology and urology, so certainly urology. Relevant to this Cancer Center, and Isaac Kim is a prostate cancer specialist and then of course with great joy.
Eric Weiner, who will start in February 1st as the director. Some other important recruits, I think in terms of education, Jessica Lousy deputy Dean Arnie Dante's joined us in July as deputy Dean of finance and administration and then leading now for a year. The work around physician scientist development is keep toad and associate Dean for HealthEquity research. Of course, Marcellinus Smith, who was also an important member of this. Uhm? This center it’s been a year of much to celebrate.
Joan Steitz, who's a member of this center, seems to win an award every week. But in particular the Wolf Prize in medicine. Marcelo was tapped as a member of the National Academy Medicine and Liping Chen as a member of the National Academy of Sciences. There are a. Yeah, I want to highlight that that we are really encouraging you to celebrate the accomplishments of not just the faculty but the staff. And they need not be the sort of standard accomplishments but can be good citizenship and you know.
So in the Ysm news and recognition which comes out every Wednesday morning and is one of the highlights of my week. And there’s a button there at the bottom you can share good news, we’ve rewritten are. Mission statement and that was an extraordinary experience via zoom, but I think it has landed well. Then I won’t read it to you. I think you have all seen it. We’ve done a lot of work around. Trying to make our promotion and an appointment process is more transparent, but that’s work that’s been led by Sam.
Ball and Jonathan Grauer and I would encourage you to look at the Oopd website, which is really quite user friendly and has documents such as the grid of the faculty tracks and the ranks and positions and I think in general faculty associated with the Cancer Center have a pretty good understanding of. What their career trajectory looks like and what is required for promotion on different tracks but not always. And so this is a good resource. We have also recently been focusing on creating a forcing function for annual conversations with faculty.
make sure that they have in meaningful way and you'll be hearing more about that in the next few months. Uhm?

Heavy emphasis on leadership and on helping people develop their talents, not just in science or clinical work and education, but in terms of executing on how things happen. Related to that, I think very much so are our efforts to enrich our community in terms of diversity and to create a community for belonging and posted on the die. Uh,
office of the page now is our strategic plan for DI for faculty. Coming soon will be our strategic plan for students and we’re in the process of writing the same plan for staff. The fundamentals of the faculty plan are in fact mentorship, sponsorship, so really creating opportunities for our faculty. And I would say proactive. Mention that again, and this is part of the reason for emphasizing the importance of annual conversations and what we call stay interviews.
00:06:29.350 --> 00:06:32.830 But but encouraging people to. 
NOTE Confidence: 0.8692304495
00:06:32.830 --> 00:06:36.060 Seek a. 
NOTE Confidence: 0.8692304495
00:06:36.060 --> 00:06:38.836 To seek what our faculty need and to 
NOTE Confidence: 0.8692304495
00:06:38.836 --> 00:06:42.415 invest in them early and not wait until 
NOTE Confidence: 0.8692304495
00:06:42.415 --> 00:06:44.740 they’ve been recruited somewhere else. 
NOTE Confidence: 0.8692304495
00:06:44.740 --> 00:06:48.040 Come as part of our. 
NOTE Confidence: 0.8692304495
00:06:48.040 --> 00:06:49.512 Efforts to increase diversity. 
NOTE Confidence: 0.8692304495
00:06:49.512 --> 00:06:50.616 We have focused, 
NOTE Confidence: 0.8692304495
00:06:50.620 --> 00:06:51.756 for example, 
NOTE Confidence: 0.8692304495
00:06:51.756 --> 00:06:55.164 on retention of our students and 
NOTE Confidence: 0.8692304495
00:06:55.164 --> 00:07:01.770 our trainees into our trainees 
NOTE Confidence: 0.8692304495
00:07:01.770 --> 00:07:04.171 Exercises that I would highlight one is 
NOTE Confidence: 0.8692304495
00:07:04.171 --> 00:07:06.170 the intersection science Fellow Symposium. 
NOTE Confidence: 0.8692304495
00:07:06.170 --> 00:07:08.508 We just held our second in November 
NOTE Confidence: 0.8692304495
00:07:08.510 --> 00:07:12.462 where we bring some of the best and
brightest postdoctoral fellows who emphasize diversity to present their work to a national form and also provide career development. It’s a wonderful place to start to connect. With people we might like to recruit from the work of Steve Hewitt in India now in our residency program has increased our number of our proportion of underrepresented minorities within our residents and fellowship to 24%, which is a significant increase. And now of course our work is to encourage people to stay on. As a faculty, in terms of
promoting the careers of women,

I think some of you may have seen recent

story that we were awarded a second

grant from the Doris Duke Foundation to provide funding to

assist with COVID and and as you know,

we invested in GAP funding during

the COVID pandemic and our data

suggests that has had a favorable

effect on the careers of women faculty

at Yale such that we don’t seem to

reflect the national average are.

Women, in fact they have actually

published more than her men,

faculty and all have had a

significant increase. Post COVID.
00:08:29.364 --> 00:08:29.696 Uhm?

00:08:29.696 --> 00:08:33.196 So we have a lot of work to do in terms of culture and climate and and much of it will involve executing our strategic plan in the coming years.

00:08:41.760 --> 00:08:43.720 In terms of education, we had over 6200 applications for 104 positions and this the student body is as diverse and excellent as it has been in recent years.

00:09:02.115 --> 00:09:05.088 those students who receive financial aid, the maximum debt with which they graduated $60,000 and the average graduated $10,154.
debt with which medical students.

Graduate now is

$203,000 nationally.

We have reversed a trend and declining U.S. news and World Report rankings and we’re number 10.

Last year, new US News and World Report, of course is a very Pickle and dumb.

I would say reputation based and almost magical evaluation,

but we are working to get the word out about all the things that you are doing as I think it’s extremely important to our incoming students from some of the things on the
horizon indication one is Jessica.

Lucy is working on changing the funds flow so that we truly pay those who are committing significant effort based on their effort.

So course directors, UM thread leaders, those who qualified by virtue of the numbers of hours of teaching as high intensity teachers, we’re working to increase the advising support for our students, and Jessica is leading the strategic planning exercise around education in her first year as Deputy Dean.
In terms of our clinical mission, you know it’s been a complex year and probably nowhere more complex than in the Cancer Center as we tried to get back to the work that we do every day and that is ensuring that our patients receive cutting edge therapies. We have a tricky environment in healthcare and in the coming years we will continue to see increased consolidation of smaller academic health and and and for profit health systems into larger systems. We will continue to see. But, are unique and difficult.
pressures on labor and on supply chain.

And in order to respond to those things we have got to be agile and we have got to be very closely aligned with the system.

So we’ve begun some work and it’s been, you know, I think gaining momentum and and satisfying with, you know some ought to be honest some.

Lapses from time to time, but I’m extremely optimistic about the direction we’re taking.

One of the first things we did and and Nita and others were a member of a task force to codify the role of the chair as chiefs across the system.
So having a line of sight over quality and patient care, and I know that this is something that Eric Weiner has spent a lot of time thinking about in terms of. You know making sure that the cancer care that a patient that Greenwich gets is the same as the cancer care that a patient in New Haven gets, for example. The next phase of the work is thinking about how we align our leadership structures so that we’re not engaged in what I call parallel play. But we’re working together as partners and doing strategic planning and
empowering everybody in the mission,

and Chris O’Connor and I praise,

of course, is succeeding.

Marner borgstrom this as CEO

have begun to work.

Formally,

with a consultant to structure what

that looks like and we are having,

I think very productive conversations.

Thinking, for example,

about the structure of our ambulatory

network as a shared structure

between the system and the school,

so much more to come there,

but but I’m very optimistic.
In terms of our research, you know last year we were fourth in NIH funding. The fiscal year has ended for NIH, and I think it’s going to be shaken up quite a bit by some very large grants around COVID that were given and so we’ll see where we land, but one of the things that we have focused on is moving from an R 01 centric organization to encouraging collaboration and multidisciplinary grants. A collaboration and multidisciplinary grants. And so we set up an office for Team Science. Many of you have had an amazing year in terms of your grants, and it would be, I think,
00:13:55.246 --> 00:13:57.394 impossible to go through the whole list that I have in front of me.

00:13:57.394 --> 00:14:01.410 But just to hit a few, you know and and and you know that first K 08, for example, is that first grant is really important than one Vasquez.

00:14:04.366 --> 00:14:06.562 wait this year others you know are more institutional grants like the Yale Institute of Biomedical, Molecular Design and Discovery.

00:14:09.299 --> 00:14:10.970 Scott OK,

00:14:11.690 --> 00:14:14.264 wait this year others you know are more institutional grants like the Yale Institute of Biomedical, Molecular Design and Discovery.

00:14:16.754 --> 00:14:19.869 the training grant was renewed.

00:14:22.700 --> 00:14:25.676 $5 grant. From an IG Ms, the training grant was renewed.
You know, huge stuff and demayo renewed his American Cancer Society’s research grant. And again, there’s a long list here. But so congratulations and you know, I think that ability to pursue ones questions where they take you is just a joy that we all. Have come so in terms of our and And of course in the Cancer Center. It’s you know well, and will talk about the CTO, but I think you know the the importance of industry funding is great, and of course our VA.
There are a number of institutional meeting university priorities, including neuroscience, and we’ve gotta search for chair of neuroscience. We have had strong neuroscience is here we have as a party of the institutional strategic plan. Institute for Information Science, and while this is focused at the core on basic science, we have we envisioned constructing this in a way to leverage inflammation to invest in every area. And so you know, cancer immunobiology,
for example, is critical, and so if we call it cancer and inflammation to raise money, that's just fine. I am pleased that in the original. University strategic plan cancer didn't quite make that top five. The president has escalated cancer into the top as we have started to check off boxes on some of the other priorities, and so that is being emphasized in the new capital campaign that was initiated. We have a bit space constraint and we have to approach this in two ways.
One of course is building out new space and in addition to building out some wet lab space in 100 College St, we now have committed to building out of floor and 101 college St when it’s completed. And of course we’re doing renovations in 300 George which will provide a number of workstations dedicated to cancer. We also have to manage the space more efficiently. And so we have codified a space plan and we now are working on a master plan. And and some of that requires doing hard things like moving space around and downsizing programs.
so that other programs that are growing can have space and that will be hard work to do. But we need to make it transparent and go ahead and do that. So other things that I have not mentioned in the research realm one is we have launched a search for an inaugural chair of an autonomous section, biomedical informatics and data science that will be critical as we move forward and obviously to people and people in the cancer world. You know, extremely important in analyzing large datasets.
Also, we have tasked the group to consider building our biorepository resources and that group has just issued a report and we are going to be investing in. The centralized infrastructure for the informatics and the cataloging and the standardization of handling tissue, the standardization of handling tissue, and I think that will enhance resources that are exist in the Cancer Center but will make them stronger. Uhm, and so I think I'll stop there and again, that's a romp through what we talked about at the state of the department. I will get back to this issue of of
infrastructure, purpose, search and the. Clinical trials office. We had a town hall on this and. We had a candidate in town yesterday and today as a potential leader to succeed Roy as interim. You know Roy, who is interim as a permanent leader of the setio. We are committing a lot of money to addressing the problems, but it’s going to require having the right people in the right jobs. And as I said during the town hall, it’s going to require. Uhm? Professionalism and uh.
And and real commitments on the part of all team members, including faculty, to making this work. Uhm? Lastly, at before we get to the question and answers I just want to say a very deeply felt. Thank you to Nita who has. Two more months. In this role, and has been just outstanding in jeopardy. The Cancer Center forward and. I I just can’t say enough about that so. Will open up for questions. So thank you, Nancy, that was quite comprehensive and and I think also recognizing all.
the accomplishments of our teams and all the pillars.

It has been a remarkable year in many ways.

Be pad or highs and also some of the hard stuff.

Before I sort of open it up for the rest of her group, maybe one comment or question from you is your thoughts.

In some ways if we look at the care delivery and you mentioned this briefly as the consolidation of health.

And when we look at the Cancer Center in in whether it’s the smile and the care teams, we are very distributed care.
delivery team and the part that perhaps we have had discussions on is how does the academics look like when 50% of our care gets delivered in these care centers?

And how do we engage that and make that as one would be nice to hear what your thoughts are on that and how. What should our future be?

I know Eric is also on this. Calling it, maybe it’s conversation. It’s not a solution, but it’s certainly something for us to sort of say what.
What do we see that future looking like? You know I have very general ideas about how we do that across the school and the institution, but Eric has been extremely thoughtful about this and if I don’t mind if I put you on the spot or.

So no, I don’t mind. I think cancer care is and will be changing more in the years ahead and people are simply people. That is, our patients are simply not
00:21:31.929 --> 00:21:34.553 going to be willing to come into a major academic center and spend 8 hours waiting in the infusion room.

00:21:34.553 --> 00:21:36.590 And I think we really have to distribute care in places that are closer to where they live.

00:21:36.590 --> 00:21:40.652 to get their three hour infusion.

00:21:40.652 --> 00:21:43.760 And I think we really have to distribute care in places that are closer to where they live.

00:21:43.855 --> 00:21:46.300 have those places well integrated with the main campus,

00:21:46.300 --> 00:21:49.280 are closer to where they live.

00:21:49.280 --> 00:22:01.370 opportunities we have as a Cancer Center is the fact that we have these 15 care centers and the key, and it seems that everyone
00:22:07.206 --> 00:22:08.867 is really on the same page.
00:22:08.870 --> 00:22:13.175 Here is we want there to be
00:22:13.180 --> 00:22:14.617 essentially full integration,
00:22:14.617 --> 00:22:17.012 a great deal of communication
00:22:17.012 --> 00:22:19.408 and the ability to provide.
00:22:19.410 --> 00:22:21.657 Great care around the state and do
00:22:21.657 --> 00:22:24.010 that in a research setting where
00:22:24.010 --> 00:22:26.638 we can enroll people in trials.
00:22:26.640 --> 00:22:27.984 Uhm, and you know,
00:22:27.984 --> 00:22:30.000 do the best for our patients
00:22:30.074 --> 00:22:31.290 at the same time.
00:22:31.290 --> 00:22:33.442 Have colleagues here and
00:22:33.442 --> 00:22:36.132 people around the state who
00:22:36.132 --> 00:22:38.160 are thrilled to work as part
00:22:38.170 --> 00:22:38.788 of our program.
00:22:41.050 --> 00:22:43.850 Thank you Eric and then this question.
I think it’s come up in many people and you’ve spoken around this in the past. I think many people have said the pandemic effects are felt more on women in terms of impact on research and. Can you briefly you’ve talked a little bit about the code but maybe highlighting all the efforts that are going in the School of Medicine around recognizing the effects that make. Yeah so several things, you know. I think it’s. It’s just magnified. The extent to which women are caregivers and families and and the the. Uh. Importance of. Of.
Taking that into account, and things like, uh, appointments and promotions and facilitating support for that so you know, during the pandemic, the.

The. Obvious things like increased straight lengthening, the tenure clock and what we do. All that you know always is grant leads for things like childcare. But there is a conversation ongoing with the Provost about increasing our child care benefits across the board in the university even further. I think my experience and looking at the UM.
Impact of some of the career development programs that we’re investing in is that they have a greater impact on the careers of women and minorities or the greatest impact on the careers of women and minorities because they come. First of all, transparency but. A community for people to seek advice about common things. And as an example, you know women thinking about where how we go to meetings and how we network the conversation will inevitably turn to. Well,
how do I travel when my kids are young and problem solving that often doesn’t come from programmatic solutions. It comes from being in a room with other women or older women who have solved that problem and have great advice. In terms of money, I mentioned that the GAP funding. The other thing this sponsorship that we are sending is that faculty to Wamc, both through programs for women and programs for minority, and also to Elam, which is an executive.
leadership in academic medicine.

In the past, when we would do that, we would send people they
would get these great ideas about how to move their career
forward and then they come back and nothing came of it and so one
of the things that we’re doing is trying to create networks of the
graduates of those programs and groom them for leadership.

Or, you know, or scientific leadership in a way that perhaps we haven’t before,
so those are a few of the things that we do.
Thank you so much. Diana Krause.

Had a question, Diana, do you want to ask Dean Brown yourself or I can read it whatever you feel comfortable, no big deal.

I just I was curious to know a little more specifically about stands for 101. There gonna be wet labs what? Which research priorities do you have for that space? Yeah, so the original plan was that it would be all wet labs and then we got a bit of a speed bump in that.

We cannot apparently build a bridge from 100 to 101 and for New Haven reasons. Which then creates my very own problems.
And so what we're looking at now is the possibility of whether we can put a tunnel underneath. Because, of course, there's the roadway underneath, and there may be space to put a tunnel, so that's what we're trying to work on now to enable us to. To not have to build another variant if we put wet labs there. So it's a little bit in flux. That is the goal. That is where we are more. Where we need more space. Workstations? Thank you. So
Catherine Harvey has a wonderful question, which I think is on mind of many folks which is. Maybe it's it's a long question, but I think the the gist of it is how do you balance the in person in the zoom? Because zoom is great if you're in the network, but then there's a huge connectivity you see in in person. So how do we think about balancing those two formats? Yeah, I mean this may be more of a question for the group. I'll give you my two cents and it comes up all the time in. Conversations that are typically called
the future of work among kind of Yale.

You know, vice presidents and administrators, and I think the best thing about COVID is that it has forced all of us to do things we were reluctant to do before. You know, no one knew how to use zoom. And, uh, and the university had until recently a policy that said you couldn’t hire people who worked. Who lived somewhere else, right?

We are not going back. To the past we will have versions of hybrid works for our staff and there’ll be more coming.
about that sort of differentiating the types of work that staff do, but I see that the best solution is some sort of mix where you choose those meetings. That were fast, virtually, and you have a select group of smaller meetings, perhaps where you’re in person.

Where you get those opportunities to have the hallway conversation and make the connections, and we probably need to make more of an effort to, walk from office to office and actually greet people.
Uhm, Roy Herbst I think has a question next Roy

Hi Nancy, one of the things I’ve noticed you know, working with the spores and with the CEOs we have so much data and we have so many specimens and no one of our great learning steps is analysis of those specimens with bioinformatics. So I was glad to hear you mentioned that and are doing this search. And certainly for us to sort of grow, collaborate with other groups, maybe get some of this operation money if or whatever.
00:29:35.100 --> 00:29:36.612 It would be great to be able to to
NOTE Confidence: 0.844946712727273
00:29:36.612 --> 00:29:38.185 be ready and pass out to do that.
NOTE Confidence: 0.844946712727273
00:29:38.190 --> 00:29:39.037 So can you tell us a little
NOTE Confidence: 0.844946712727273
00:29:39.037 --> 00:29:39.690 bit more about what the.
NOTE Confidence: 0.844946712727273
00:29:39.690 --> 00:29:41.412 Plans are for bioinformatics and how
NOTE Confidence: 0.844946712727273
00:29:41.412 --> 00:29:44.130 it will impact us on the Kansas side,
NOTE Confidence: 0.844946712727273
00:29:44.130 --> 00:29:49.202 so we have a great search committee
NOTE Confidence: 0.844946712727273
00:29:49.202 --> 00:29:50.963 that incorporates everybody
NOTE Confidence: 0.844946712727273
00:29:50.963 --> 00:29:54.358 from those who are doing.
NOTE Confidence: 0.844946712727273
00:29:54.360 --> 00:29:56.455 Uh, work with electronic health
NOTE Confidence: 0.844946712727273
00:29:56.455 --> 00:29:59.080 records to those who are doing.
NOTE Confidence: 0.844946712727273
00:29:59.080 --> 00:30:04.592 Uhm, big datasets, uh oh, mix of all flavors.
NOTE Confidence: 0.844946712727273
00:30:04.592 --> 00:30:07.168 Uhm, I would say we’re not going to find.
NOTE Confidence: 0.844946712727273
00:30:07.170 --> 00:30:10.474 I don’t believe we’re going to find.
NOTE Confidence: 0.844946712727273
00:30:10.480 --> 00:30:11.638 You know a single person who
NOTE Confidence: 0.844946712727273
00:30:11.638 --> 00:30:12.978 does all the things that we need,
what we're what we do want

Who can facilitate the work of others,

and the idea was to set up a department

rather than another Century Institute.

Because as we spoke with stakeholders,

there was a feeling that there really

was a need for an academic home.

There is a small academic home

for some flavors of those people.

As a section of Biostatistics.

Now in YS pH and I,

I know that Stan is on the call

and he and I have talked about.

The notion that this new department
00:30:48.724 --> 00:30:50.985 could actually be a joint department
NOTE Confidence: 0.844946712727273
00:30:50.985 --> 00:30:53.689 of our two schools and move those
NOTE Confidence: 0.844946712727273
00:30:53.689 --> 00:30:55.654 folks into this new department.
NOTE Confidence: 0.579042
00:30:58.360 --> 00:31:03.019 The the types of people that we haven’t
NOTE Confidence: 0.579042
00:31:03.019 --> 00:31:05.240 done our airport interview yet,
NOTE Confidence: 0.579042
00:31:05.240 --> 00:31:06.530 but I mean there are several,
NOTE Confidence: 0.579042
00:31:06.530 --> 00:31:08.660 you know, kind of National Academy
NOTE Confidence: 0.579042
00:31:08.660 --> 00:31:10.870 member type people among the list and
NOTE Confidence: 0.579042
00:31:10.870 --> 00:31:13.003 it’s a good group and I I think we.
NOTE Confidence: 0.901771758235294
00:31:15.940 --> 00:31:17.500 We will create an academic home
NOTE Confidence: 0.901771758235294
00:31:17.500 --> 00:31:19.413 for the types of people we also
NOTE Confidence: 0.901771758235294
00:31:19.413 --> 00:31:21.240 have to train people you know.
NOTE Confidence: 0.901771758235294
00:31:21.240 --> 00:31:23.090 There’s just a dearth of.
NOTE Confidence: 0.901771758235294
00:31:23.090 --> 00:31:26.738 Faculty who can handle.
NOTE Confidence: 0.901771758235294
00:31:26.740 --> 00:31:28.836 Multidimensional data and know
NOTE Confidence: 0.901771758235294
00:31:28.836 --> 00:31:31.456 something about the diseases and.
You know you know genetics or you know you can think of or no happy or not. You know 'cause it’s really. It’s about being trilingual or UM. And so we do have a new fellowship that’s in collaboration with Boehringer Ingelheim to create data scientists and we pair them with a Yale interana by mentor. And I think those kinds of programs will be extremely important to us.
and I’d really like to make the case that the Department of Biostatistics at the School of Public Health is already the home for data science and already doing Health Sciences, informatics and omics and electronic health record type analysis and has the sort of technical computer science and mathematical background to continue leading in that. Role in bringing in like PhD data scientists into the medical school in a different department, I think is almost like putting them as a fish out of water. And you know, we have Eric here and Eric,
you know it’s coming from Harvard as I also did. And you know there were some issues with the Harvard Biostats Department and there’s this separate. You know, all mixed group under Zak Kohane at the medical school. And you know, whereas at the Dana Farber there’s the group led by Giovanni Parmigiani, and I think he’s stepped down and I can’t remember who’s, oh, I know who it is.
Rafael Arisara has taken over and they are very tightly integrated into the Department of Biostatics Statistics. That’s where their primary appointments are and everything is very well integrated. And personally I think that’s a much better model and I hope we can move in that direction. I know that the Biostats department is even thinking of changing its name as many other biostat departments have around the country to Biostatistics and health data science. In order to further emphasize like the leadership role in omics and neural imaging and electronic health
00:33:59.913 --> 00:34:03.415 records and other big data types of
methodologic and applied pursuits.
00:34:03.415 --> 00:34:05.383 Yeah, thank you I.
00:34:07.222 --> 00:34:08.800 I think this is something that
we did a a good bit of, uh.
00:34:08.862 --> 00:34:12.380 we did a a good bit of, uh.
00:34:12.380 --> 00:34:14.574 A serving of all of the people
in this space and stakeholders,
and I've spent a lot of time
talking with you about this,
and I think what you're getting,
00:34:19.714 and I've spent a lot of time
00:34:21.600 talking with you about this,
and I think what you're getting,
00:34:24.558 and I think what you're getting,
00:34:25.720 what you're addressing is,
00:34:26.872 you know, do you?
00:34:28.874 Do you want to have two departments
in two different schools?
00:34:30.590 And the answer is no.
They have to have a different phenotype and they have to be highly collaborative. Even so, as we think about. You know the possibility of a completely autonomous Yale School of Public Health and we think about Biostatistics. A model where those who are doing national logic, file statistics and PhD sciences in Biostatistics would have their home in the School of Public Health.
But those who are supporting Biostatistics in many of our clinical trials and other areas might have appointments in the School of Medicine and a secondary appointment invested. So we’re putting a lot of thought into that, and I appreciate your. Thoughtfulness.

Bob Garafolo had a question. Loading brown, My question relates to one of the aspects of the six essential characteristics of the CCSG. So one of those is institutional
commitment and under institutional
NOTE Confidence: 0.870278215454546
commitment in the recent FOS.
NOTE Confidence: 0.847979935
Is that the
NOTE Confidence: 0.9348075
line that recognition
NOTE Confidence: 0.90720602
of team science?
NOTE Confidence: 0.96927154
Recognition of participation
NOTE Confidence: 0.9337379525
in team science and institutional
NOTE Confidence: 0.9337379525
policies, including those related
NOTE Confidence: 0.9337379525
to promotion and tenure. So
NOTE Confidence: 0.856859923333333
the push to increase team
NOTE Confidence: 0.921335867142857
science is certainly in line with this.
NOTE Confidence: 0.9117263
My question is whether
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there's a corresponding recognition of
NOTE Confidence: 0.944994668
team science in promotion policies.
NOTE Confidence: 0.944994668
You know, being able to document this
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in the renewal as we go forward
will lay its strength to that particular aspect of the grants. Yes, absolutely. I think the. The place that we. Have the sort of longest conversations about this is in TCBS, because that's a. That's a group that is more accustomed to. The individual scientist, but uhm. As we promote team science on promotions and a appointment committees, what becomes critical are the letters of support and the letters. Being able to say to call out the important contribution that a faculty member has made to that team science.
What was their unique contribution and I am seeing this working actually pretty well in our promotion and appointment and promotion committees.

Thank you, thank you and Bob.

As you know Nancy is there a deeper research versus has LED us through renewals and is actually stepping down at the end of the year?

And yes, and it’s taken over.

So yes, we appreciate all of this hard work tariffs amped has a question she just posted in chat about the great resignation terror.

Do you want to ask the question?

Yeah hi thanks Dean Brown for coming today.
It was great talk. You know, I just wrote in the chat that we’ve heard a lot and read a lot and witnessed even the great resignation phase of this pandemic and just curious your thoughts on on this as it relates to Yale Medical School in the hospital. What we can do to support each other through this time? You know a lot of our units are having staffing crisis and people are tired and so just curious on your reflections on this and what we can do to move forward as an intact unit. Yeah, thank you.
A really important question.

I’ve had a number of conversations. I think the has this really particularly affects the hospital and nursing and very specialized nursing,

but of course it’s what we’re seeing in the CTO as both both the great resignation and the the competition now nationally because people can work anywhere.

I think there are this sort of obvious things, and then there are the things that may not be obvious,

but that are equally important,

so providing adequate salaries is an obvious thing,
and we're doing a lot of work to reclassify some of those critical jobs. We being in the School of Medicine and the university the hospital is doing the same thing. Uhm, the. What is very important to people? More than money is quality of life and control of times right? I mean that's what people got during the pandemic when they were working from home is a little more flexibility. So I think we equally have to be creative about UM. Providing that flexibility and then the last piece is some respect.
And making sure that people feel like they are part of a team. When you’re under pressure as a physician or a surgeon and it’s very easy to fly off the handle. That is the time that we have to step back and say this person is also under pressure and we need to work through this together and I need to behave in a professional way. And if there are triggers that you know I, I think we all have to be very conscious and being kind to each other and I’m respectful. Thank you Terra.
Great question and one that's very much on top of everyone's mind. A question from our Mayor Zaidan, who is one of our associate professors and important stakeholder in the clinical trials arena. Do you want to ask the question? Maybe in your own words, so I probably won't do it justice. Sure, yeah, so I thanks for the Dean for taking the time to take our questions. My question in terms of all the challenges we had with the CTO. So what is the long term vision for Yale and Doctor Weiner?
00:40:56.430 --> 00:40:58.455 If you know, feel free to chip in as
NOTE Confidence: 0.873801265625
00:40:58.455 --> 00:41:01.064 well in terms of how we are going to
NOTE Confidence: 0.873801265625
00:41:01.064 --> 00:41:02.359 distinguish ourselves within this,
NOTE Confidence: 0.873801265625
00:41:02.360 --> 00:41:04.397 you know the clinical research in cancer.
NOTE Confidence: 0.873801265625
00:41:04.400 --> 00:41:06.482 There are different ways in which
NOTE Confidence: 0.873801265625
00:41:06.482 --> 00:41:08.600 different centers. Uhm, do this.
NOTE Confidence: 0.873801265625
00:41:08.600 --> 00:41:11.020 And how is the incoming CEO?
NOTE Confidence: 0.873801265625
00:41:11.020 --> 00:41:12.868 Director associate director
NOTE Confidence: 0.873801265625
00:41:12.868 --> 00:41:14.716 is envisioning this.
NOTE Confidence: 0.873801265625
00:41:14.720 --> 00:41:17.112 It would be great if the process for
NOTE Confidence: 0.873801265625
00:41:17.112 --> 00:41:18.877 choosing that person is more inclusive
NOTE Confidence: 0.873801265625
00:41:18.877 --> 00:41:21.635 and we get a sense of what is their
NOTE Confidence: 0.873801265625
00:41:21.635 --> 00:41:23.370 vision statement for the specifics
NOTE Confidence: 0.873801265625
00:41:23.370 --> 00:41:25.010 they hope to accomplish and the
NOTE Confidence: 0.873801265625
00:41:25.010 --> 00:41:26.700 timelines they hope to do that over.
NOTE Confidence: 0.873801265625
00:41:26.700 --> 00:41:27.470 Thank you.
OK, I'm gonna talk generally and then Eric watched the correct anything that I say he can.

He can step in but uhm.

I think the key thing about the next leader of the CTO is that this cannot just be person.

A person who is.

Working to get the trains running on time,

but that that needs to be done

that is fundamental, but.

One of the reasons that we have issues is we have not paid attention to fundamentals.

We've not adequately.

Uhm?
00:42:02.230 --> 00:42:05.950 Trained all of our incoming investigators.
NOTE Confidence: 0.873801265625
00:42:05.950 --> 00:42:09.598 We’ve not adequately sunsetted old proposals.
NOTE Confidence: 0.873801265625
00:42:09.600 --> 00:42:10.698 We you know,
NOTE Confidence: 0.873801265625
00:42:10.698 --> 00:42:13.400 haven’t done that kind of structural thing,
NOTE Confidence: 0.873801265625
00:42:13.400 --> 00:42:16.010 so I think the the incoming
NOTE Confidence: 0.873801265625
00:42:16.010 --> 00:42:18.087 CTO director also has to be.
NOTE Confidence: 0.873801265625
00:42:18.090 --> 00:42:20.440 Uhm?
NOTE Confidence: 0.873801265625
00:42:20.440 --> 00:42:23.068 Someone who has real.
NOTE Confidence: 0.722416193333333
00:42:25.210 --> 00:42:28.150 Bonafede A as a clinical investigator
NOTE Confidence: 0.722416193333333
00:42:28.150 --> 00:42:31.630 and as somebody who has has
NOTE Confidence: 0.722416193333333
00:42:31.630 --> 00:42:34.944 done designed clinical trials.
NOTE Confidence: 0.722416193333333
00:42:34.944 --> 00:42:37.692 Knows how to design them well.
NOTE Confidence: 0.722416193333333
00:42:37.700 --> 00:42:40.605 To test hypotheses and not just be
NOTE Confidence: 0.722416193333333
00:42:40.605 --> 00:42:43.208 descriptive, so that’s one issue.
NOTE Confidence: 0.722416193333333
00:42:43.208 --> 00:42:46.990 Beyond the CTO, and is are much
NOTE Confidence: 0.722416193333333
00:42:46.990 --> 00:42:49.665 larger institutional issues that we
have in terms of the infrastructure.

For things like contract ING and we are having a conversation that how to get better.

Oversight in the School of Medicine over clinical contract ING.

When we are the primary user of that.

Uhm, and when the considerations are very different.

Eric. Sure, uhm. So I don’t think there’s a simple answer to your question.

I would agree with Nancy very
strongly that there really.

In many ways, two separate issues.

One is getting the trains going again and we need somebody who's going to be able to work with everyone here and make that happen.

And then we need a broad view of clinical research.

And we do have somebody here interviewing somebody who I know well and who is spending time with approximately 30 different people today, a meant to be a very inclusive process,
but I think there's some urgency in filling this position and it's not something that can drag on for a long time, so I will share with you that I fervently hope that people like this person and that we're going to be able to move forward in the short term. I think to ask anyone whether it's me or whether it's the new CTO director to provide a broad vision for clinical research at this moment is probably a little too soon, but I think it's a very reasonable question and you know the truth is we want to. We want to be able to design the very best,
most creative,

most impactful clinical trials that will each answer many different questions.

Working closely with you know all of the various disciplines and with you know outstanding.

Help from our biostatistical colleagues and more than that, they really need to be trials that allow us to reach into the lab and reach into a whole variety of areas so that you know we’re not asking empiric questions, but we’re really trying to understand the basis of disease.

So I mean,
that’s a pretty broad answer and I’m sorry I can’t be more specific, but I think that we’re going to distinguish ourselves by having extremely thoughtful, unique trials that we, as a group put together. So I think you know, obviously a rather large question and you know, we’ve all alluded to some of the things that we’ve all alluded to some of the big things that are unique to us, which are the structural challenges, whether it’s contract ing and some of which is contract ing and some of
00:46:11.218 --> 00:46:13.430 the things that Nancy has alluded to,
NOTE Confidence: 0.872981542
00:46:13.430 --> 00:46:15.754 how do we think about portfolio management?
NOTE Confidence: 0.872981542
00:46:15.760 --> 00:46:16.450 Resource management?
NOTE Confidence: 0.872981542
00:46:16.450 --> 00:46:18.865 Think the piece on vision and how
NOTE Confidence: 0.872981542
00:46:18.865 --> 00:46:20.809 clinical trials are fundamentally is.
NOTE Confidence: 0.872981542
00:46:20.810 --> 00:46:23.624 One of our Cancer Center, right?
NOTE Confidence: 0.872981542
00:46:23.624 --> 00:46:24.252 The cancer.
NOTE Confidence: 0.872981542
00:46:24.252 --> 00:46:26.450 Enter as many departments that are part
NOTE Confidence: 0.872981542
00:46:26.505 --> 00:46:28.555 of this and how do we take the best of
NOTE Confidence: 0.872981542
00:46:28.617 --> 00:46:30.597 our science and translate that into
NOTE Confidence: 0.872981542
00:46:30.597 --> 00:46:32.259 meaningful things for our patients?
NOTE Confidence: 0.872981542
00:46:32.259 --> 00:46:34.293 So I think these are important
NOTE Confidence: 0.872981542
00:46:34.293 --> 00:46:35.740 questions and one fundamentally
NOTE Confidence: 0.872981542
00:46:35.740 --> 00:46:38.320 beyond the leader will also come
NOTE Confidence: 0.872981542
00:46:38.320 --> 00:46:41.539 from a lot of the people on on this
NOTE Confidence: 0.872981542
00:46:41.539 --> 00:46:44.262 town hall as how we think about the
next generation of her clinician investigators and also our patients. So again, good question and there’s a candidate here who has met many folks today that could be one more thing. Just that I think this is, I think, clinical trials are the ultimate example of team science. You know this is not something that any individual can do on their own. I’m not talking about the the director, I’m talking about all of us doing trials and they benefit from our A
really comprehensive group effort.

Thank you Doctor Weiner and I have a question from Doctor Helene. Stephanie. Sure you know this is interview season. You know for fellows for MD PhD students for Residency Fellowship, and you know, in our current fellows frequently asked, what is my career path, right? Where do I go and what can we do to improve support? Where you for this very, very critical time of advancing from fellowship to junior faculty and guide their path?
The Institute is a chamber society. I’m curious, you know about more initiatives like that. Yeah, So what? I’ll go through some of the other things that keep choke has established. That Janeway society is not just kind of a social group, it’s a UM. Very impressive. He’s meeting with every single member of that group. It creates an oversight of mentorship which is extremely important. Even though you think people are getting good mentorship,
you start to learn that there are holes that they may not be meeting with their mentorship committee and that oversight of mentorship improves outcomes in and of itself.

The Janeway Society then gives an opportunity to have conversations around. The soft skills that all of us wish that somebody had shared with us, right?

You know how do I talk to my mentor? How do I hire? For my laboratory, what’s the right time to do?

Embedded in that also are an extension of a grant writing course that Jean
Shapiro has offered for many years, and an extension of a uhm. Manuscript writing course and now you get people in that group saying, "I did that and it’s and I, my manuscript was accepted in nature or whatever it is that starts to create a buzz around that thing. He has rolled out a repository of successful grants. So your young faculty member who? Is writing his or her first arawan can pull up all of the successful ones in recent years and read
them and learn from their response to reviewers how to do a revision for example. 

Uhm, he has just started.

I think they rolled out and I don’t think it’s met yet, but the first.

studies internal study section for people who are submitting grants,

and we have 11 people who have submitted.

I think eight are ones and three other flavored grants to be reviewed by this inaugural study section that will be offered before each cycle.

Uhm? And then of course, money, right?

So you guys have a K12, but there are there in there.
So making those things available to faculty. But we have now funding for that T to K conversion that is available on an annual basis. And so as you start to say those things to young incoming faculty, they start to appreciate that this is an institution that values and values their career success. And in my experience you not only recruit those people, you start to. Use that as a way to recruit shares, because they realize that they will have support for the investments that they’re making in young faculty.
Thank you.

I'm just looking at the chat if there are other questions while there are,

I'm going to ask you one because I asked this in surgery.

What's your favorite part of yeah?

What made from your days as an undergrad?

God, you know, I, I think I don’t even remember what I said that time.

I you know so I live on the other side of campus and I love walking to work every day in this beautiful campus on say that.

I love being around a lot of smart people.

I will inform you guys every day.

Yeah, and of course we had the Harvard Yale game this weekend,
00:51:20.150 --> 00:51:21.830 so that was not so good.

00:51:21.830 --> 00:51:25.750 It was. It was a close one so.

00:51:25.750 --> 00:51:28.270 It I see, Roy Herbst has one

00:51:28.270 --> 00:51:30.110 more question, Doctor Herbst.

00:51:30.870 --> 00:51:32.564 Well, I I have one more question.

00:51:34.220 --> 00:51:35.616 Well first of all, for the clinical

00:51:35.620 --> 00:51:37.564 trials I agree with what Eric said,

00:51:37.564 --> 00:51:39.419 but I also want to point out that it’s

00:51:39.419 --> 00:51:41.004 really a dyad between the physician

00:51:41.010 --> 00:51:42.708 And how important that group is.

00:51:42.710 --> 00:51:44.663 And and I want to thank them all for

00:51:44.663 --> 00:51:46.358 everything they’re doing during this time.

00:51:46.360 --> 00:51:47.557 But I wanted to ask you, Nancy,

00:51:47.557 --> 00:51:49.426 now that you’ve been here for awhile,
one of the important things about clinical trials, it would be to take our aryel science and bring into the clinic. And I’m wondering what you think about some of our greatest strength scientifically. And you know, in the center and what are the gaps that you’d like to bring in to enhance. Well, I think it’s fraught to say what’s our greatest science, because you inevitably will leave something out. You know, uhm? The strength of the basic science here was one of the things that attracted me.
Uh, I think I was not aware of the extent to which we had clinical investigation going on and you and I have talked about there are. There are some gaps we have. Not trained people in. Uhm, hypothesis testing, early translation very well. We’ve let them learn by the seat of their pants, and so I think we have opportunities to. Enhance our bidirectional translation. And nobody does this better than oncology and. But we need to do that across the
board and in all of our science.

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Nancy was a really great session.

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As you saw from all of the Q&A that we had, I want to thank you for making this an interactive format.

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I want to thank everybody for attending.

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I think couple reminders or actually just one reminder.

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We do have town hall next on Thursday, December 2nd at 5:00 PM.

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Kevin Billingsley and the team will be talking about our quality metrics for the coming year.

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So just reminder to put that in

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your happy Thanksgiving everybody.

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And have a great rest of the day.
Take care, thank you, thank you.