



Discovery



Innovation



Advancement

CDA Proposal Workshop

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VA
HEALTH CARE | Defining
EXCELLENCE
in the 21st Century

Veterans Health Administration
Research & Development
Improving Veterans' Lives  www.research.va.gov

CDA Program Information

Main Website: <http://www.research.va.gov/funding/cdp.cfm>

- **Important Resources**

- [Guidance on Submission of a CDA-2 LOI to BLR&D and CSR&D](#)
- [HSRD-CDA-LOI-Guidance](#)
- [LOI Instructions](#)
- [CDP Handbook \(HB 1200.04\)](#)
- [FAQ](#)
- [10-1313-13 – LOI Cover Page](#)
- [Historically Black Colleges and Universities Research Scientist Training Program](#)

Poll Question

- **What is your interest in the CDA program?**
 - Planning a CDA submission as an applicant
 - Planning a CDA submission as a mentor
 - Current or former CDA recipient
 - Current or former CDA mentor
 - Other

Overview

- Eligibility
- Finding a Mentor
- Preparing an LOI
- Developing a Proposal
- The Review Process
- Handling the Results

Am I Eligible?

- **Qualifications (generally):**
 - US Citizen
 - Within 5 years of PhD for non-clinicians; last clinical training (or master's or PhD if provided research training)
 - Academic faculty appointment
 - Some education/training in basic HSR principles & methods
 - 2 or 3 first-authored publications in scientific journals that demonstrate HSR potential (the better the journals, the fewer needed)
 - Passion for research, specifically what is relevant to Veterans healthcare
 - Suitable HSR mentor
 - Support of local institution (VA director & ACOS)

Am I Eligible?

- **Disqualifications (generally):**
 - Not a US Citizen
 - No foundational level education, experience or training in HSR (like that provided by an HSR fellowship)
 - No academic appointment (instructor or assist. prof.)
 - No first-authored scientific publications (abstracts/proceedings, book chapters... don't count)
 - No available on-site mentor
 - No Institutional commitment to appointment or support (in terms of time, resources, etc.)

What is Institutional Support?

Institutional Support Includes

- CDA appointment, processing & protected time
- Local resources
 - VA office
 - Computer
 - Travel funds
 - Staff assistance beyond award supplement
 - Academic resources
 - Research facilities & environment
- Post-CDA appointment (min 5/8ths)

Awardee Characteristics

(Based on Interviews w/ key stakeholders - recipients, mentors, directors)

- *SDR 10-182, Evaluation of the Veterans Health Administration Health Services Research and Development Career Development Award Program. Report for VA Central Office in Washington, D.C.; Finney et al. (2013)*
 - Typically post-doctoral scholars at VA HSR&D Research Centers
 - Possible to recruit individuals who are unaffiliated with the local VA medical center, but not common
 - Several publications (min. 2 as 1st author)
 - Other accomplishments (can include small grants or pilot funding)

Awardee Characteristics

- **Clinicians (“MDs”) Vs. Non-clinicians (“PhDs”)**
 - “MDs” naturally had more clinical expertise
 - “PhDs” tended to have deeper methodological and statistical training when entering the CDA program
 - Both awardees with MDs and those with PhDs were successful overall on outcomes such as publications, grants, honors, VA retention, and engagement in subsequent mentoring

Awardee Characteristics

- Pre-award Productivity (Finney et al, May 2013)

Table 3d. Other Pre-Award Characteristics of HSR&D, NIH and AHRQ Awardees

Characteristic	All Awardees		Awardees 2000-2010		
	HSR&D (n=219) Mean or %	NIH K (n=154) Mean or %	HSR&D (n=161) Mean or %	NIH K (n=132) Mean or %	AHRQ K (n=69) Mean or %
Ranking of Highest Degree University	64.3	63.8	62.0	62.8	65.9
Postdoctoral Training	82%	75%	80%	73%	83%
Number of Pre-Award Grants as PI	1.5	2.2	1.4	2.3	1.4
Number of Pre-Award Major Journal Publications	9.9	9.9	10.0	10.1	15.5

28 Successful Awardees

Last 5 Rounds: Winter 2012 – Summer 2014

Characteristic	Number
Masters Degree	22 (78.6%)
Post-doc Research Fellowship	23 (82%)
Avg. # 1 st -Author Pubs (journals)	8
Was PI of Mentored Award	11 (39.3%)
Was PI of Non-Mentored Award	13 (46.4%)
VA Project	9 (32.1%)
Co-Investigator	21 (75%)
VA Co-Investigator	12 (43%)
Located at a COIN	21 (75%)

Finding a Mentor(s)

This is the very FIRST STEP to take

- COIN/HSR&D centers obviously have an advantage
- Most CDAs have 3 or 4 formal mentors
- At least one must be on-site at the VA (Pref. the Primary)
- Degree of institutional support (hospital director & ACOS/R&D) can make the difference at non-HSR&D centers
- HSR&D has no matchmaking service for mentoring

Letters of Intent

- Accepted every Oct. & April on the 15th (3 rounds to submit first proposal after approval) – only needed once
- Up to a third typically disapproved
- Describe HSR&D-relevant education and formal training (describe content of fellowships)
- Attach waiver request to LOI (not reviewed in advance)
- Don't request a waiver of the citizenship or min. pub requirement

LOI Components

- Cover page (VAF 10-1313-13), signed by ACOS/R&D
- One page: time & budget, nominee training & experience, description of mentor(s) qualifications
- Two pages: scientific basic (rationale), significance/relevance to VA, objectives, project(s) design & methods (focus on key terms/details & avoid jargon or generalities)
- HR documentation of appointment eligibility
- Nominee/Mentor (formal) biosketches

Developing Your LOI

- Know what your long-term interest is & target the appropriate service
- HSR&D uses LOI disapproval instead of triaging proposals; all proposals are reviewed and scored – max. 3 submissions
- There are no limits on LOI resubmissions (though few need more than one revision)
- Start by outlining the full proposal with your mentors & then summarize (abstract-it) it in your LOI

Reasons for LOI Disapproval

- Not HSR
- Lack of VA relevance
- Unfocused or uninteresting aims
- Insufficiently ambitious
- Too few relevant pubs
- Prior HSR training/experience unclear (lacks evidence of basic foundation in HSR methods)
- Unqualified or unsuitable mentors
- Training plan includes earning a masters or PhD
- Too senior/insufficient grounds for waiver

Proposal Components

See RFA on VA ORD Intranet Site for Details

- Grants.gov SF-424 cover page biosketches and other forms
- LOI Approval Letter or Response to Reviewer Comments (for revisions) - 3pgs
- Specific Aims – 1pg
- Research Plan – 19pgs
- Career/Training Plan – 5pgs
- Mentoring Plan – 3pgs
- Institutional Support Letters
 - VAMC Director
 - ACOS/R&D
 - Service Chief or Section head
- Letters of Support
 - 3 professional references
 - Mentor letters
 - Consultants/Key advisors
 - Any endorsements or agreements to provide key resources
- Budget Pages

Developing a Proposal

- **Tell Your Story**
 - Who you are, why you came to VA, what you hope to accomplish (during the CDA and afterwards), how each part of the CDA proposal will help you)
 - Conceptualize how it all fits together (each aim/project, each training activity, each mentor) – make it all fit within a clear, logical conceptual framework
 - Clarify both what you know & what you will need to learn (& why)
 - Don't include any “fluff” or undefined jargon
 - Help reviewers see your progression to independent researcher
 - Make sure your mentors play an active role in the development & review before submission

Research Plan

- **Specific Aims**
 - Clear
 - Relevant
 - Logical
 - Exist within a Conceptual Framework
 - Achievable
 - Build upon one another (but not overly dependent on positive results)
 - Can lead to independent products (publications, instruments, etc.)
 - Will lead to independent IIR (in 3rd year)
 - Novel (will add to the literature)
 - How this fits with other VA work in this area (QUERI programs, CO initiatives, etc.)

Research Plan

- **Should include more than one...**
 - Aim
 - Goal
 - Hypothesis
 - Project
 - Phase
 - Combination
- **Should be...**
 - Feasible (within CDA timeframe)
 - Achievable (within CDA timeframe)
 - Ambitious
 - Not too ambitious (realistic)

Research Plan

- **Methods**
 - Describe Model or Conceptual Framework
 - Provide a clear Rationale (for model/approach, methods, variables, etc.) to address each aim
 - Describe Key Variables (IV/DV)
 - Discuss Limitations
 - Provide a thoughtful Analytic Plan
 - Leave room for an Alternative/Backup plan (don't "put all your eggs in one basket," make sure you can get off "Square 1")

The Review Committee

- Non-FACA (VA or other fed employees)
- Accomplished Investigators & Experienced Mentors
 - Physician/clinicians & non-clinical PhDs
 - Research Career Scientists
 - CDA alumni
 - COIN/center directors
 - All have broad HSR expertise
 - Range of content expertise across the committee
- All submissions reviewed as one group (CDA0)

The Review Process

- Each reviewer assigned from 4 to 6 proposals, but no more than 2 as primary reviewer
- At least 1 of the original reviewers will review resubmissions (sometimes all 3)
- Every proposal is critiqued & discussed (20-25 minutes per proposal)
- HSR&D CDA Program Manager writes the summary statements
- Summary statements for 2nd submissions checked by reviewers

Reviewer “Turnoffs”

- **No clear research question or hypotheses**
- **Insufficient mentor review/input**
- **Not ambitious enough**
- **Lacks key details**
- **Sloppiness, poor grantsmanship**
 - Misspellings, typos, grammar mistakes
 - Looks “cut-&-pasted” from a K or other proposal
 - Inconsistencies (in aims, methods, & letters)
 - Jargony
- **Not responsive to previous critiques!**

From Actual Summary Statements

- **Research Issues**

- **Not responsive to LOI feedback** advising the candidate against planning to complete his master's degree during the CDA period.
- Plan is **very broad & lacks clear hypotheses**; & the approach is not well supported & does not seem to map well to the conceptual model
- Implementation component is **underdeveloped**
- Areas for **further development or clarification in methodology** are discussed in the reviewer critiques
- **More detail is needed** regarding the data analysis & variables

- **Could benefit from greater clarity & organization** overall. The **specific aims should be clearly stated** using full sentences. Organization of the research plan should clearly indicate & **justify the design, sample, data sources, methods, and statistical analyses** that correspond to each objective and aim
- Projects framed as pilot work should clearly indicate what specific aspects of feasibility, effect size, etc. are the focus of the pilot work, indicate why pilot work is justified, & **give some indication of what the larger study would look like**
- The clinical decision support **tool is not well described**
- The **IIR to be developed in Year 3 is not developed** with sufficient detail to determine its feasibility & relation to earlier aims & objectives

From Actual Summary Statements

- **Training Issues**

- The career & training plans do not take advantage of the full 5-year timeline, & are not adequately developed & linked to the research & mentoring plans
- More detail is needed concerning the nature & rigor of training activities outlined in the career plan, which should be presented in a Gantt chart
- **Would benefit from implementation science training**
- Would benefit from the addition of informatics coursework, as clinical decision support is increasingly undertaken using an informatics approach

- Will not prepare the applicant for a controlled trial, as there is little training on intervention design & development & no content focus on interventions that have been demonstrated to promote patient engagement or treatment retention
- Appendix material describing the proposed activities is inadequate; details of how the coursework & other didactics fit into the training plan & contribute to the applicant's career should be discussed in the main body of the application. In addition, concerns remain about the cost analysis component of the training plan & justification for additional coursework in meta-analysis or biostatistical analysis

From Actual Summary Statements

- **Mentoring Issues**

- **Not clear how the proposed work differs** from the ongoing work of the candidate's proposed mentors
 - Mentors' **individual roles & whom would assume primary responsibility for coordinating the mentoring plan** needs clarification
 - Would benefit from more **explicit goals that capitalize on the expertise of each mentor** and distinguish the candidate's work from that of his mentors
- The research proposed is parallel to work at the center where the candidate is a fellow; it is not clear how the mentors will evaluate the candidate, how they will handle conflict, how the candidate will become independent, & how his work is distinct from theirs
 - **Mentor time commitments** are a concern; reviewers noted that the candidate has only published with one member of his mentoring team, & that none of the mentors plan to commit more than 3-5% time to the candidate. In addition, the candidate is encouraged to consider adding Dr. _____ as a formal mentor

Interpreting Scores

- 1.0 – 1.5: EXCELLENT - exceptionally strong with negligible weaknesses; ready for execution "as is."
- 1.6 – 2.2: VERY GOOD - strong but with weaknesses that should be addressed prior to execution. [Lower scores (1.6-1.9) indicate that weaknesses are sufficiently minor that re-review is not required; higher scores (2.0-2.2) suggest resubmission is advised to ensure revisions address identified weaknesses.]
- 2.3 – 2.8: GOOD - some strengths, but also key weaknesses that require re-working.
- 2.9 – 3.4: FAIR - major weakness that requires substantial revision before resubmission.
- 3.5 – 5.0: POOR- major weaknesses that discourage resubmission.

Interpreting Scores

Distribution of Scores From a Recent Round

CDA0 Review Group Proposals (N=23)	I Excellent 100-159	II Very Good 160-229	III Good 230-289	IV Fair 290-349	V Poor 350-500
1st Submissions	0	0	9	3	1
2nd Submissions	2	5	1	0	0
Final Submissions	0	1	1	0	0
Totals	2	6	11	3	1

Handling the Results

If Not Funded

- 90% of proposals need at least one revision
- Most score in the “GOOD” (230-289) range
- It’s sometimes better to sit out the next round
- Don’t waste time worrying about historic “funding rates” per round – instead focus on making the best proposal
- Don’t take criticism personally
- Don’t get discouraged

Handling the Results

If Funded

- **CELEBRATE!** (responsibly)
- Don't dismiss reviewer comments/concerns
- Complete JIT docs (including request for a start date)
- Wait for confirmation letter
- Get to work!
- Notify CIDER as you publish (via Publications Manager)
- Complete your annual reports!

Questions/Comments?

Contact information:

Robert Small: robert.small@va.gov

Paul Shekelle: paul.shekelle@va.gov

1. **Who determines how many years the CDA will be (i.e. 3-5 yrs.)?**
 - Reviewers ultimately can recommend approving funding for a shorter duration award; usually if the candidate doesn't propose, or hasn't demonstrated a need for, formal training activities in Years 4-5 or those years are light in research and development activities.
2. **When will notice of LOI acceptance for the latest round be sent?**
 - Basic yes/no early next week; official feedback following week
3. **What would be considered strong enough HSR training/experience to submit an LOI considering you specified that a PhD or MPH don't necessarily count?**
 - It's not that they don't count; it's that it's not always clear to reviewers what specific HSR training those programs entailed. That's why the nominee should be clear in describing what HSR training was included and how they would build on that in a CDA.
4. **To clarify, the LOI is good for 3 submission rounds, but an applicant won't receive the LOI feedback until about 3 to 4 weeks before the first submission round to which they could apply.**
 - Correct. So the full research plan should be at least in a first draft before describing it in the LOI.
5. **Since the expectation is for the IIR to be submitted in year 3, what types of training and research do you typically see in years 4 and 5? how do you recommend we strategically frame the final research aim if the results will not inform the IIR (since it will have gone in by then)? Thank you.**
 - It's not an expectation that an IIR be submitted in year 3. It is an expectation that one product of the CDA is a competitive IIR submission, but where that gets timed depends on the other components of the career plan and research plan. If the IIR gets submitted in year 3 and the request is for a 5 year award, then the applicant and mentors need to make a case for what career development is going to occur in years 4 and 5.
6. **Please address the expected goals for years 4 & 5 when IIR submission is required in year 3.**
 - Same as above.
7. **Just to clarify the faculty appointment issue further: Do applicants need a faculty appointment at an academic institution in addition to a position at VA at the time of application?**
 - Yes; academic advancement is expected for research careers. CDAs typically start at the rank of assistant prof and get promoted to associate toward the end of the CDA (VA has no control over academic promotion).
8. **Is the 5 year limit applied at the time of the LOI submission or time of full proposal submission/resubmissions?**
 - LOI submission; not factored into the proposal review once get past the LOI
9. **If a candidate has 6 pubs, 3 of which are first-author but none of which are directly related to the CDA research proposal topic, should the candidate try to publish something related to the CDA project proposal before submitting LOI?**
 - The track record of publication is one factor the Committee considers in terms of the potential for the application. There is not a magic number of publications or first-author positions or journals that they appear in that guarantees acceptance. It is a global judgment of all of these factors, plus how relevant the publications are to the proposed focus of the Career Development Award. I am trying to decide if I have a project which falls into the Clinical Science R&D or HSR&D- do you have a listing of current projects, or current guidelines posted online somewhere that I can reference? The HSR&D website

has a searchable database of funded abstracts and the CIDER site maintains lists of pubs. You can also contact Rob to discuss.

10. How many proposals are received on average each round?

- 20 to 30

11. How do you recommend non-physicians obtain the required HSR development prior to CDA?

- VA OAA advanced fellowships, other fellowship programs or HSR coursework toward a master's (don't plan on completing the master's or PhD during the CDA, but you can work towards it with coursework directly tied to your research aims) – right Paul?
- The most convincing way to get HSR training is to complete a fellowship devoted to HSR training. Several VAs offer post-doctoral HSR fellowships.

12. Can you say a little bit about the expectations for the final two years of the award? In other words, what would you expect to see an applicant propose in the research and training plans after the three year point in which they have submitted an IIR?

- If you're fortunate enough to receive IIR funding in yrs. 3 or 4 and don't need to spend time revising it, and then start developing another proposal. (Paul question)
- I would group this question with the other two like it and they all get the same response, which I have typed in for #5.

13. Are there resources available for viewing examples of CDAs that have been funded?

- Not centrally; but there's nothing to stop you from asking a CDA recipient or alumnus with similar interests and/or at your site if they can give you a copy of theirs. They are listed on the HSR&D Career Development Website.