DoM Mission Statement / Strategic Plan

• Equitably advancing health and wellness by cultivating a community of diverse physicians who lead through care delivery, discovery, innovation, education, and knowledge implementation.
  • *Optimal Healthcare and Wellness for All*

• Research & Scholarship:
  • Value, support and promote the broad array of research and scholarship contributions of DOM members, including initiatives focused on care delivery, discovery, innovation, education, and/or knowledge implementation
  • Develop the infrastructure needed to support DOM members to pursue quality improvement (QI) and patient safety initiatives that strengthen our health system
Research Matrix Development - Process

• Committee Members were invited by DoM Vice Chair Research and Scholarship from list of candidates proposed by the DoM Head
  • Invited based on varying research portfolios (e.g. basic science, QI, Health Services), as well as considering career stage and EDIA
• Provided the current DOM Matrix for review and feedback (2014)
• 3 x 1.5 hour meetings and follow-up email / One-Drive correspondence and editing (February - May 2024)
• Draft reviewed
  • unofficially by colleagues
  • by DoM Head (May 2024)
  • at MSEC (June 2024)
• Matrix revised based on feedback received
Working Group Members

- Chair – Carla Coffin: Professor, Division of Gastroenterology & Hepatology
- Mayur Brahmania: Clinical Associate Professor, Division of Gastroenterology & Hepatology
- Zahra Goodarzi: Associate Professor, Division of Geriatric Medicine
- Justin Chun: Assistant Professor, Division of Nephrology
- Sachin Pendharkar: Associate Professor; Division of Respirology
- Carolyn Owen: (Virtual participation); Professor, Division of Hematology
Research Matrix - Rationale

• The purpose of this tool is to provide broadly applicable key performance indicators in a standardized format to measure research performance of department members.

• Specifically, this tool is intended to be used by the Department Head and Division Heads during the annual review* of all Department Members within the Academic Medical and Health Services Program (AMHSP) for whom protected research time has been allocated within the Member’s Individual Service Agreement (AMHSP Schedule A).

• Open to re-evaluate after implementation
  • Validate-Implement-Sustain

• Not punitive but mechanism to provide support
  • Early career researcher (ECR) within 1st few years is not expected to meet all categories

*Annual review but trend over 2 – 3 years considered
General Considerations and DORA

• Incorporate non-traditional metrics for publications (i.e., DORA - Declaration on Research Assessment) and improve the ways in which researchers and the outputs of scholarly research are evaluated (publication influence, online datasets, scientific impact, not just IF)

• Matrix should generally align with University handbook and promotion criteria but may not be as complete (i.e., expectations for academic promotion, merit, awards etc. will be more rigorous or above the 'exceeding' end of grid)

• Career Stage should be considered (i.e., ECR vs. Senior Faculty expectations)

• Recognize supervision of non-graduate students (graduate students need to have thesis; hence clinical trainees/students involved in longitudinal projects with publications is expectation)

• More simplified matrix

• Consider AMHSP Roles / alignment.
  • Clinician Primary Researcher (50-75%)
  • Clinician Investigator (40-60%)
  • Clinician Leader/Clinician Educator (>30% Researcher)

https://sfdora.org/read/
<table>
<thead>
<tr>
<th></th>
<th>Exceeding</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications*</td>
<td>&gt;3 senior (or co-senior) and/or 1st author (or co-1st author)</td>
<td>1-2 senior or 1st author OR 3 mid-author (significant contribution)</td>
</tr>
<tr>
<td>Funding (current holding)</td>
<td>&gt;1 Tri-Council, NIH, International grant, as nominated PI or co-PI AND leader on team grants (2-3 external peer-reviewed)</td>
<td>1 external peer-reviewed (PI or co-PI) AND Industry/non-peer-reviewed (PI or co-PI) or &gt;1 peer-reviewed as co-I</td>
</tr>
<tr>
<td>Presentations</td>
<td>2 International AND 1 National</td>
<td>1-2 National/International AND 3-4 Provincial/Local</td>
</tr>
<tr>
<td>Trainees and Mentorship (primary, junior, supervisory committee)</td>
<td>&gt;3 Grad/PDF/Clinical Trainees (longitudinal with papers) AND &gt;2 supervisory committee</td>
<td>&gt;2 Grad/Undergrad/Clinical Trainees (longitudinal projects with abstracts/papers) AND &gt;1 supervisory committee</td>
</tr>
<tr>
<td>Other contributions (at discretion of DoM/Div Head)</td>
<td>Research leadership/Chair, patent, commercialization activity, policy work, editorial board, principal Knowledge user, conference organization/Chair, team grant member or collaborator, grant and journal review, community engagement, public speaking, interviews, award or scholarship review (Examples - not exhaustive list; Spectrum to determine if high vs. only meeting)</td>
<td></td>
</tr>
</tbody>
</table>

-Individuals that are considered exceptional and eligible for Departmental nominations would surpass high end (not only meeting the minimum expectations)

*Peer-reviewed; consider DORA criteria when determining impact; for Basic Science min. is 1 every 2 yrs; look at 1-yr as well as 3-yr window; not Case Reports - Papers, Funding, Presentations and Trainees are defined and measurable. Other activities should be recorded and acknowledged with Dept Head discretion
**Major Contributor: 30 - 60 % Research Time**
(Clinician Investigator / Research-Intensive Clinician Educator or Leader)

<table>
<thead>
<tr>
<th></th>
<th>Exceeding</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publications</strong>*</td>
<td>&gt;2 senior and/or 1(^{st}) author (or co-1(^{st}) or co-senior); 3 mid-author (significant contribution)</td>
<td>1 senior or 1(^{st}) author OR 3 mid-author papers (significant contribution)</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>&gt;1 External peer-reviewed or Industry / non-peer reviewed as PI</td>
<td>1 Co-PI on an external peer-reviewed or PI on Industry / non-peer reviewed, clinical trials (net positive each year)</td>
</tr>
<tr>
<td><strong>Presentations</strong></td>
<td>1-2 National/International AND 3-4 Provincial/Local#</td>
<td>1 National/International AND 2-3 Provincial/Local#</td>
</tr>
<tr>
<td><strong>Trainees/Mentor</strong></td>
<td>&gt;1 Grad/Undergrad/Clinical Trainees/PDF (longitudinal projects and papers) AND &gt;1 supervisory committee member</td>
<td>Any trainee with longitudinal project &amp; papers OR &gt;1 supervisory committee member</td>
</tr>
<tr>
<td><strong>Other contributions</strong></td>
<td>Research leadership/Chair, patent, commercialization activity, policy work, editorial board, principal Knowledge user, conference organization/Chair, team grant member or collaborator, grant and journal review, community engagement, public speaking, interviews, award review (Examples - not exhaustive list; Spectrum to determine if high vs. only meeting)</td>
<td></td>
</tr>
</tbody>
</table>

- Individuals that are considered exceptional and eligible for Departmental nominations would surpass high end

*Peer-reviewed; consider DORA criteria when determining impact; look at 1-yr as well as 3-yr window; Case Reports not as important
- Publications, Funding, Presentations and Trainees are measurable, Other activities should be recorded and acknowledged,
- Industry Funding is net positive each year
- #Local = Medicall Grand Rounds, Research Institute talk, etc.
### Contributor / Participant: <30% Research

<table>
<thead>
<tr>
<th>Exceeding</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications*</td>
<td>1 senior or 1st author OR 2-3 mid-author papers</td>
</tr>
<tr>
<td>Funding</td>
<td>Any grant funding as PI or Co-PI</td>
</tr>
<tr>
<td>Presentations</td>
<td>&gt;2 academic presentations (Local/Provincial/National/International)</td>
</tr>
<tr>
<td>Trainees</td>
<td>1 (at any level but longitudinal with papers)</td>
</tr>
<tr>
<td>Other contributions (with DoM / Div Head discretion)</td>
<td>Regular contributor to team research, meetings, recruitment and data entry to trials or registry cohorts, local research leadership, panel participation, journal review, abstract selection committee, (Examples - not exhaustive list; Spectrum to determine if high vs. only meeting)</td>
</tr>
</tbody>
</table>

*Peer-reviewed; consider DORA criteria when determining impact; look at 1-yr as well as 3-yr window; Case Reports not as important
- Publications, Funding, Presentations and Trainees are defined and measurable. (Impact Factor, Citations)
- Other activities should be recorded and acknowledged (i.e., relevant to those with AMHSP Clinician Leader role)
Summary – Revised DoM Matrix

• Transparent and measurable evaluation of scientific research output, training contributions, and knowledge translation

• Mechanism to support advancement and career goals
  • If not meeting research metrics, consider transition to other contributions in teaching, administration and clinical work

• Serves as a “guidance”, and judged at discretion of the DoM Head and Division Heads (especially in “other” categories)

• Open to revision and feedback (i.e., a living document)
  • Validate – Implement - Sustain