




Succeeding in Aging Research During the Pandemic: Strategies for Fellows and Junior Faculty

Andrew B. Cohen, MD, DPhil,*  Anna L. Parks, MD,[†] Heather E. Whitson, MD, MHS,[‡] 
Susan Ziemann, MD, PhD,[§] Cynthia J. Brown, MD, MSPH,[¶]  Cynthia Boyd, MD, MPH,^{||}
Kenneth E. Covinsky, MD, MPH,[†] and Michael A. Steinman, MD[†]

Fellows and junior faculty conducting aging research have encountered substantial new challenges during the COVID-19 pandemic. They report that they have been uncertain how and whether to modify existing research studies, have faced difficulties with job searches, and have struggled to balance competing pressures including greater clinical obligations and increased responsibilities at home. Many have also wondered if they should shift gears and make COVID-19 the focus of their research. We asked a group of accomplished scientists and mentors to grapple with these concerns and to share their thoughts with readers of this journal. *J Am Geriatr Soc* 69:8-11, 2021.

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From the *Yale School of Medicine, New Haven, Connecticut; [†]University of California – San Francisco School of Medicine and the San Francisco VA Medical Center, San Francisco, California; [‡]Duke University School of Medicine and Durham VA Medical Center, Durham, North Carolina; [§]National Institute on Aging, National Institutes of Health, Bethesda, Maryland; [¶]University of Alabama at Birmingham School of Medicine and the Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center (GRECC), Birmingham, Alabama; and the ^{||}Johns Hopkins University School of Medicine, Baltimore, Maryland.

Address correspondence to Andrew B. Cohen, MD, DPhil, Yale School of Medicine, P.O. Box 208025, New Haven, CT 06520-8025. E-mail: andrew.b.cohen@yale.edu

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In May, we became increasingly concerned about how the COVID-19 pandemic was affecting clinician-investigators at the early stages of their careers. We reached out to the members of the Junior Faculty Research Special Interest Group at the American Geriatrics Society (AGS) and asked them about the challenges they were facing.

Several issues arose repeatedly in their comments to us. Research fellows and junior faculty were unsure how and whether to modify projects because of COVID-19. They had encountered difficulties with job searches and were struggling to balance competing pressures, such as greater clinical obligations and more responsibilities at home. Many also wondered if they should shift focus and make COVID-19 the subject of their research.

We recruited a group of accomplished scientists and mentors to weigh in on these challenges during a webinar sponsored by four organizations that support early-career investigators as a core part of their mission: the AGS, the U.S. Deprescribing Research Network, the Clinician-Scientists Transdisciplinary Aging Research (Clin-STAR) Coordinating Center, and the Claude D. Pepper Older Americans Independence Center Network. We asked these experts to share their thoughts with readers of this journal. In each section, one of them grapples with a key concern that was voiced by junior faculty. As several participants emphasized during the webinar, there are no easy answers and no signposts for the best path forward, but we can learn a lot from each other.

COVID-19 has had a major impact on research that involves in-person visits. At many institutions, they are simply not allowed right now. What can junior researchers do if they had been counting on completing a project with in-person visits so they could publish work and be competitive for grants?

Dr. Whitson: The trick is to strike a balance between advancing our clinical research programs and keeping individuals and the public safe in unprecedented times. I'll offer a few guiding principles that we are applying at Duke.

First of all, we considered each measure in our protocols and asked, “Is it better to collect a socially distanced version of this measure or not collect it?” The answer differs by measure and by study. It depends on the options for collecting the measure in a safe way. Assuming there is an alternative way to capture the variable (e.g., by Zoom or 6 feet away), then consider the new measure’s validity. If there is no precedent for collecting the measure this way, then make a judgment. It also matters where you were in your data collection period when the pandemic hit. If enrollment has not launched yet, you have more freedom to adapt your protocol. However, if the pandemic ends before your study ends, you’ll have to decide whether to revert to your original (and potentially preferable) protocol. If your data collection was underway and many variables can no longer be collected in a manner that will yield comparable data across the study period, you are probably better off if you push the pause button and divert your academic energies elsewhere.

Second, we can get creative and resourceful, especially about how to accommodate impairments or disabilities during socially distanced data collection. For example, you could consider using clear face masks that allow lip reading for hearing-impaired participants.

Third, and most importantly, we have to prioritize our obligations to others’ comfort and safety. A paramount concern is the safety of our participants. As a principal investigator, your obligation also extends to the colleagues, staff, and trainees on your team. Are they comfortable administering adapted in-person protocols? Are they at high risk of COVID-19 complications? Has the pandemic created challenges for those with children or affected their mental health?

Another major worry has been the impact of COVID-19 on grant submissions by early-career researchers. How will the pandemic affect research funding from the National Institutes of Health?

Dr. Ziemann: It’s still very unclear, unfortunately. We had a full budget at the start of the fiscal year, for the first time in a while, but we did not expect the pandemic. Once it hit us, we established funding opportunities for COVID-related research as quickly and responsibly as we could. I’m really proud of what the government has done to review and fund this work.

Here are a few key points. First, know that the National Institute on Aging (NIA) places great importance on research training and career development. We treasure your applications and your launch into science. Second, look around for opportunities. We have had a significant portion of funds devoted exclusively to Alzheimer’s disease and related dementias. If you have an interest in this area, now is the time to work that into your applications. NIA also funds network grants, like the NIA IMPACT Collaboratory, the Clin-STAR Coordinating Center, the U.S. Deprescribing Research Network, and the AGING Initiative, and all of them have pilot grant opportunities.

What if you have a funded project but you are finding it is just not feasible to move forward right now? There will not be men in dark suits showing up at your door. But we

Table 1. Key Online Resources for Early-Career Researchers

Guidelines for Applicants and Recipients of NIH Funding: https://grants.nih.gov/policy/natural-disasters/corona-virus.htm
Data Collection Tools and Resources for COVID-19: https://dr2.nlm.nih.gov/tools-resources
Clin-STAR Coordinating Center: https://clin-star.org
U.S. Deprescribing Research Network: https://deprescribingresearch.org
OAIC Pepper Center Network: https://www.peppercenter.org
AGS Junior Faculty Research Special Interest Group: https://www.americangeriatrics.org/about-us/leadership-and-staff/special-interest-groups-sections
Webinar in July 2020: https://geriatricscareonline.org/ProductAbstract/Succeeding-in-Aging-Research-During-the-Pandemic/W019

Abbreviations: AGS, American Geriatrics Society; Clin-STAR, Clinician-Scientists Transdisciplinary Aging Research Coordinating Center; NIH, National Institutes of Health; OIAC, Older Americans Independence Center.

want to be informed so we can work with you. We really care about the health and well-being of research participants and our researchers and research teams. We understand that many studies will need to be on pause and will need extensions. There is a lot of information about this on a website that NIH has put together (Table 1). If in doubt, send your program officer an e-mail or give us a call.

Many universities have restricted hiring during the pandemic. If you are finishing a fellowship and need to look for a faculty job, what can you do?

Dr. Brown: Probably the most important thing you can do is to ask questions. Many organizations have built exemptions into their hiring freezes, and you will not know until you ask. In addition to exemptions, there may be money previously earmarked for hiring that went unused that can potentially be used for your hire.

You also need to consider if there are other institutions where you might like to become faculty because the restrictions on hiring are different across the country. So cast a wide net when looking for a faculty position. You can also consider other alternatives to becoming faculty that still allow you to do your research work and advance your career. This might include being hired as an instructor or doing an additional fellowship year on a T32 or other NIH-funded mechanism. There are often available slots, or administrative money can be used to fund extra fellow slots.

The NIH strongly supports junior investigators and wants to help launch your career, but you have to ask questions. Also, be sure to use your mentors, your research office, and your network to get information about what is available. These people may have knowledge about the institution or opportunities of which you are unaware.

Finally, be persistent. If being an investigator is your passion, you have to keep going after that dream until it becomes a reality.

In some parts of the country, research fellows and junior faculty members are being pulled into more clinical work because of COVID-19. How can they stay productive? Will they fall behind colleagues who do not have extra clinical work?

Dr. Boyd: Many of us are learning along with you, and there's not necessarily a right answer to this question. In different parts of the country, at different times, things have been at varied levels of crisis. We all want to do our part and be helpful. We all want to make sure our patients and their families get through this. We all want to keep our families and our colleagues safe and to support one another so we do not get burned out.

With that said, talking with your mentor or division leader about the timing of your deadlines and projects is important. These may not be on their radar, but your goals are important to them. They may be able to give you a breather from extra clinical work to focus. Thinking about yourself as part of a team is really important. When I was doing several weeks of clinical duties I wasn't expecting, I said to a few of my collaborators, "I need you to carry the ball on more things for the short term." I'm fully expecting to repay that favor down the road. I do think, among everyone, there's been a real desire to help.

Take some time to think about what your priorities are and what things can actually be moved forward right now. When you get a break from clinical duties, what do you focus on? This does not just mean identifying the tasks that are the most urgent. It also means deciding what is realistic for you to accomplish and what is most important for you. Figuring out how to do an interview for a study over video, rather than in person, may be the first thing that you have to do. Or it may be a really good time to tackle that paper that you just never managed to finish, but you have all of the data. If you put in some time, maybe it can be sent to a nonclinical collaborator to review while you are back on clinical duties. When you think about productivity, it's at different levels.

Finally, I want to say that we are all being pulled in a lot of directions. I have an 8-year-old who was (in theory) in online school for 4 months. I do not know anyone who's finding this easy or straightforward. So reevaluate and try to know fundamentally what your priorities are. In our case, we ended up feeling like a happy, secure, creative 8-year-old was more important than doing all of the worksheets that were assigned. These are crisis levels that many of us have not lived through. I think about how some of our patients remember living through a big crisis like this because they grew up during the Great Depression. We need to take care of ourselves, take care of each other, and realize that things will get better, and that we are part of making things better.

All of us want to do what we can to fight COVID-19, and NIH is funding research in this area. Should we shift our focus to questions that are directly relevant to the pandemic?

Dr. Covinsky: This is a tough question that is especially acute with COVID-19, but it's going to come up many times in your career. It's important as a researcher that you do work you are passionate about and stay focused. Sometimes the pressure on you is so great that you do not ask yourself, "Is this something I'm good at? Is this something I want to do?"

I think there are two important principles. Principle 1: Never do something just because the money is there. Do research you are passionate about. Principle 2: It is possible to overdo focus. When you apply for jobs, you will be asked how you want to focus your research career. You may be afraid to say what is the truth for many people: you are not ready to define your whole career. You should always have a plan for the next few years, but it is OK to be unsure of your long-term goals. Often the best opportunities are forks in the road that you did not anticipate. Have an open mind so you do not miss great opportunities.

When faced with situations like COVID-19, your current career priorities can help guide you. For example, imagine a researcher who's just received her first K award and has shown early productivity. She has preliminary data to leverage and papers waiting to be written. The key priority for her is to demonstrate scientific productivity. She needs to get papers out and leverage her preliminary work. Shifting focus and applying for COVID-19 funding is actually a diversionary stick, stealing time from her most important priorities.

However, COVID-19 may be an unanticipated opportunity for exciting research directions. For example, I have colleagues who are focused on loneliness. They never anticipated studying infectious illnesses, but the social isolation caused by COVID-19 provides a unique scientific opportunity to understand how loneliness and social isolation affect health. For them, COVID-19 funding is a fantastic opportunity that has fallen into their lap.

So the answer is that the decision about whether to change your focus is one that requires introspection. Would the work be diversionary? Is the idea of funding driving you more than scientific excitement? If so, say no. Is this an unanticipated gold mine, congruent with what you care about? Say yes.

CONCLUSION

In conclusion, this is an unprecedented time to be a research fellow or junior faculty member. There are no easy answers. As all the authors of this piece have tried to illustrate in their comments, think creatively, be proactive, and try to focus on what is important. Most of all, reach out for advice and help. If you are early in a career as an aging researcher, know one thing: the aging research community cares about your success. Your mentors, colleagues, program officers, and society and organization representatives want to help you get through this challenging time. They

want you to emerge on the other side stronger and with a bright future ahead.

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