Unidentified Female: Welcome to a special episode of the HSR&D Investigator Insights Podcast series. This episode is an audio recording of a previously conducted fireside chat featuring Dr. Kristin Mattocks, HSR&D investigator interviewing her friend and colleague HSR&D investigator Dr. Rani Elwy. Rani discusses her long running VA HSR&D investigation career, as well as addresses questions such as, what makes a good mentor/mentee relationship. How to turn failure into success. And the relationship between timing questions and grant proposal success.

Dr. Mattocks: So welcome to the Fireside Chat. Just a little bit of history for those of you that are new. We started the fireside chat about a year ago and we actually started it with the VISN one Career Development Award program that we have. One of the things that I realized that the trainees needed was sort of the opportunity to hear from senior investigator and learn just about sort of their experiences. Work, and family, balancing maybe VA, and university careers at the same time. And I think for a lot of junior people in the VA, it gives them the opportunity to maybe learn about someone who they’ve read papers that have been written by or heard about but haven’t had the opportunity to talk. Tell us about your first experience in the VA. What sort of—was it VA Boston? What role did you have? What was your idea of what your job was going to be?

Dr. Elwy: Right. So I end up staying in England for ten years and that’s when I went to grad school there and also had some other jobs, and we decided to move back to Michigan in 2001. So we have this whole idea that we would live in Michigan and we would have jobs. I was doing a consulting position with the WHO that started three months after my son was born, so I had—we had some income, but not a permanent job and my husband didn’t have any job at all. And he started to look, 911 happened and Michigan’s economy tanked, which is really based on cars. And when there’s a crisis, no one wants to buy cars. We had to start thinking, well, what are we going to do? And we started looking everywhere, and I had an interview for a post-doctoral position at Bedford VA.

Dr. Mattocks: Bedford. Uh-huh.

Dr. Elwy: And I remember choosing it because I was so excited to learn more about this vulnerable population of patients. I felt really committed to social justice issues. I really knew very little about the VA, but I had an interview. I went out for—I had interviewed \_\_\_\_\_ [00:02:33] phone, went out to visit, and that’s how—and decided to take it and that’s how we ended up in Massachusetts.

Dr. Mattocks: So that was back in 2001.

Dr. Elwy: 2002 was \_\_\_\_\_ [00:02:45].

Dr. Mattocks: Right. So incredible. So you have—this is your 20-year anniversary in the VA?

Dr. Elwy: Yes.

Dr. Mattocks: Oh, that’s fantastic. So, I mean, over the years you’ve—I mean, you’ve—I mean, everybody knows we can look at your CV. I mean, you’ve grown into this phenomenally prolific researcher who seems to be tireless and you—I don’t know how you have the energy you have. It’s just incredible. And we’re going to be talking about that a little bit. But to me, and I know to you too. I think one of the most important parts about you and I remember exactly again, where you and I were when you when you told me this. We were at the Logan airport in Boston and I remember you saying that you had a disabled son. A son who had a disability. And you explained it to me and I remember being just overwhelmed and fascinated.   
  
And I remember knowing that I had never heard of the condition that Ben had—has. And for those of you on the call who don’t know Ben, Ben is now a 21, 20—he’s a 20-year-old junior at Harvard, which is phenomenal. Which is just such credit to your parent. But I don’t know. I think it’s such an important part of your study. If you could just tell us a little bit more and kind of about him and about what it’s been like to parent. And importantly, how it’s shaped your worldview and how you think about things.

Dr. Elwy: Yeah. So we found—obviously, Ben was born with this condition. It’s called Schwartz-Jampel syndrome. It’s a genetic neuromuscular disorder. Affects every muscle and bone in his body. The only part that’s not affected is his brain. And we knew he had something but it was a long process of figuring it out. And it was really right before we moved to the Boston area that we knew it was something serious. And basically most doctors in the Detroit area just told us, wait till you get to Boston and just start really discovering it then.   
  
So starting my postdoc was pretty stressful because I was going to doctor’s appointments with my son all the time. And it felt like every week it and it was every week something was happening. So we had to put him into normal daycare. I mean, when you have an undiagnosed child, it’s really difficult because you don’t actually have any sense of what the timeline is like or what you should be doing. So getting a diagnosis felt really important. In a way, it didn’t really change anything once he was finally diagnosed. But you just have this mindset of, you got to find out what the problem is.   
  
But I found—here you are, you’re starting your postdoc and the whole point of a postdoc is to eventually become an independent investigator and to have a faculty position or an investigator position. And I felt I could barely even be a postdoc. I just can’t tell you how many times I was called out of meetings to come pick him up from daycare because something was wrong. And or obviously taking him to genetics appointments, and orthopedics, and eye, and cardiology, and respiratory, pulmonology you know you name it. We were always at appointments. And so I wondered, is this the end? This the end of my career doing this.   
  
But I also was—here I am studying—I’m in a health services research postdoc and I’m understanding about how people should be able to access care and quality of care and care coordination. And I’m also seeing that none of that is happening really well on a personal level. So I felt in some ways it was kind of interesting to be studying these things, learning, thinking about how to research them and then also living it at the same time. And that’s how I started writing about it because I just was so frustrated with the fact that no one would—especially when you’re trying to get a diagnosis. No one was talking to each other. We had to go to multiple hospitals.   
  
So people don’t cross hospital lines very well. I became like conduit sharing notes trying to get people to—like a cardiologist in this hospital to talk to a pulmonologist in this hospital. It was really, really hard. So I started writing about it, and I remember my boss at the time in my VA facility saying—and I was publishing these pieces in really high-level journals where you absolutely want to publish your research, but it was publishing patient perspective pieces. And he was like, it’s really great that you have an article in Annals of Internal Medicine, but it’s not a research article.   
  
And then I would publish something in JAMA and then I got something published in Pediatrics. And we don’t do Pediatrics in the VA and all this stuff. But anyway. But pointing out that these are great articles but not really relevant to my career. But I could not not do it. I just felt like I had to get my story out. And it also helped me just become a better writer, to be honest. And I think becoming a better writer through that process of being able to tell our story, just then ended up helping me become a better grant writer eventually and being able to write my own research. Although I have to say, it’s so much more fun to write narratively as opposed to about the research.

Dr. Mattocks: And I’m trying to—again, pointing people back to your CV. But I think it’s on one of the later pages like page 25 or something like that of her CV where you know you can see all of the articles that you have written that are really more of that narrative matters type of thing. Which many more journals are now doing. They do have that opportunity for people to write from various perspectives that tells the story of what we do, but in a more personal way.

Dr. Elwy: One of the reasons why I did not give up on my role as a researcher—well, there were several reasons why. One was, I just knew from a mental health perspective that if I focused on being the parent of a child with a rare disorder 24/7, that that would probably do me in. And so it was almost a relief to go to work and not think about that. It obviously meant that I had to have a really good care system at home and that was hard to arrange and sometimes that fell through. But in general, that was good. I had extraordinary supportive people around me who wanted to make sure that I stayed in research so that was. Helpful. And I also felt that I had a better platform to try to make change, even if on a super small level by being a researcher.   
  
So I never told Ben’s doctors right away that I was a health services researcher. More importantly, a health communication researchers, more importantly, somebody who focused on doctor patient communication. I never told them that, but it eventually all came out. And I’ll never forget a time where we had a meeting. It was organized at Mass General but brought people in from Boston Children’s and Mass Eye and Ear to all meet to have literally a conference about Ben. It was an hour, but the fact that people travel to it and to meet and talk and to actually say, this is what we’re doing on our side. How does that relate to what you’re doing? And I thought everybody needs to have this kind of care coordination.

Dr. Mattocks: Right. Well, and everybody needs a mom or a parent like you to be able to organize that.

Dr. Elwy: It was a lot of work, yeah.

Dr. Mattocks: Yeah. So, turning back to your research and just your career a little bit. I wanted to talk kind of about two other kind of big things. One of them is, I think of all the people that I know in the VA, I mean, and we have many, many of these people in the VA. But you are so deeply committed to mentoring. You’re just a phenomenal mentor. And your only problem is that you have a hard time saying no like many of us do. And I’m always telling you to say no more. But I think you and I had a conversation—well, we’ve had many conversations that I think that you’re so deeply committed to mentoring.   
  
And you’ve just grown so many wonderful research scientists in the VA. But oftentimes it means that your own personal work doesn’t get done until evenings and weekends. And so you are certainly not someone who works the 40-hour week. I mean, you work a perversely longer hour week than that. But a lot of it is because of your commitment to mentoring people. And I just wanted you to talk a little bit about mentoring and what it means to be a mentor. And oftentimes some of the young people on our calls also want to know what it is they should look for in a mentor. What their expectations should be.

Dr. Elwy: I’m really committed to building capacity. I think I was really meant to be a teacher. One of the early things I did when I became an investigator was make sure that I had a teaching role at my university because I really wanted to teach. And I really wanted to advise students and so I’ve always advocated for that kind of role for myself. In terms of mentoring, I guess I’ve never done the more traditional thing is that people get a lot of mentees and they work on their projects with them. And sometimes I do that, but more than not, I am mentoring somebody according to their own goals, and that may not be related to any of my research. I think that’s better for the mentee.   
  
I don’t think it’s helpful to me in terms of getting my work done, but that’s really not my goal because my goal is in that building capacity realm. Especially as I’ve moved more and more towards implementation science over the last 10,12 years. I’m really much often more of a methodological mentor so that’s why people don’t necessarily get involved in my work. So I’m really trying to think critically about what it is that someone is coming to me to learn. That said, I think it is possible to say yes and be a mentor to more people than maybe is expected if we can make—we meaning, everyone can make mentoring a two-way street. And I feel really strongly about this that I will give my time and energy to work with people as a mentor, but they also need to give back to me.   
  
And I think that when I reflect, I definitely was not an A plus mentee by any means. One of my life circumstances, but two, I don’t think I understand fully how much people were giving to me and what I could do to at least show that the mentoring was that important to me. So for example, I took a long time to get papers out or with my mentors. Or it took a long time to—maybe I didn’t give them enough time when I needed them to comment on something. Or maybe I wasn’t as organized as I needed to be when I met with them. And so I do think it’s helpful to have a conversation with mentees about, I want to—I’m here to help you with your career, but let’s also put in place some things that—I can’t really show my success in mentoring until we do something together. Write a paper, get a grant funded, whatever it is. So that’s a really important thing for I think some mentees to recognize and think about how they can do that with their mentors.

Dr. Mattocks: And I think having that ongoing conversation about expectations and I think that that’s so important. And then when we don’t do that, I think sometimes we end up hurting from that by not being more open about what the expectations are both ways what we need from each other. Yeah. So segueing to that to sort of the next big topic I have at VA and QUERI asked you to get involved in the COVID response and to figure out from a 10,000-foot perspective the issues of vaccine hesitancy and what is it that makes employees want to get vaccinated? What makes patients want to get vaccinated. So if you could tell us more about that work.

Dr. Elwy: The QUERI implementation science world allows you to do quality improvement work where it’s rapid and it’s—you need to—people want to know the answers yesterday and you need to get going fast. And it’s usually in response to something. There’s a gap. We’re not putting evidence into practice. We need to fix this. I really love that model. When all of the QUERI programs went up for renewal or become a new QUERI program, those applications were due in December 2019. If you wanted to be a level three QUERI program, which was the highest level, the biggest program, the most money which is what we were doing, you needed to stand up a rapid response team.   
  
We had no idea what that meant, but we put one together. I was the co-lead of that, and we just hoped it would work out. And then COVID happened. And then as the vaccines were starting to roll out, Amy Kilborn, Director of QUEIR said, which teams want to work with the National Center for Health Promotion on understanding more about a vaccine acceptance. As the this was in November. It was literally the week before Thanksgiving I will never forget it. Because I remember thinking this is the worst time.   
  
So my buckets of research seem really vast, or they seem like they don’t fit together. But from my perspective, they fit together and that there’s always like—there’s a lot of doctor patient communication. There’s a lot of issues related to access to care. There’s a lot of perceptions of health and illness. Those are the sort of the three higher level buckets. And I felt that this fit in with it. Certainly the perceptions of health and illness and the doctor patient communication piece.   
  
And so since every QUERI program needs to do two rapid response team projects, we had just been refunded in October. This was in November of 2020. We’re like, okay, this will be one of our projects that we do. And I had no idea what we were getting into. There were two other QUEIR programs who also stood up rapid response teams. The Function QUERI in Durham and the CARRIAGE QUEIR in Hines and we all work together. So that added another layer of complexity just because we needed to be collaborative and make sure that no one was doing the same type of work exactly.   
  
But it was extraordinary in that it was an opportunity to do what we all want to do in our work which is to feedback data to the people who are policy makers and decision makers and say, this is what’s happening on the ground. This is what we’re learning. And then adjustments can be made and new messages can be crafted and information can be shared literally on the spot. And so every Monday, our three teams would work with the National Center for Health Promotion. We would attend an 11:00 AM meeting that they had. It was a meeting that they already were having, we just infiltrated it. And we would share our information and it would lead to next steps. So from that perspective, it was really amazing to be able to have a hand in dissemination that was that fast.

Dr. Mattocks: Well and huge. I mean, how many—I forget how many employees the VA has.

Dr. Elwy: Like 335,000.

Dr. Mattocks: 335,000 people.

Dr. Elwy: I know this.

Dr. Mattocks: Oh, great. So you basically tackled the ideas of how to get 350,000 people vaccinated. Why some groups wanted to be vaccinated. Why others didn’t. Why some areas of the country, vaccination rates [overlapping conversation]. I remember those numbers rolling out each week when we looked at the vaccination rates across different facilities or VISNs or whatever and I was just thinking, you are so—you’re such an instrumental part in figuring this puzzle out. So that work was really incredible.

Dr. Elwy: I mean the National Center for Prevention was really the group, but to be able to support them and to be able to focus on one small part of what they were working—I mean, they had to deal with logistics and supply and distribution and so many things. So it was nice to hand off this piece and to help them with the—I mean, they’re very amazingly skilled in communications as a program office too. But they were taking a lot of CDC information that was not exactly what the veterans wanted to hear, so we were able to change that up a bit.

Dr. Mattocks: Right. So I want to talk about the flip side of this coin for a minute. I think another illusion I try to tamp down a little bit is that people like you never fail. Right? That people like you get every grant funded. People like you get every manuscript published right away. That it’s all unicorns and roses and things like that. And I think that to people just getting started, it is disheartening. Because I look Twitter sometimes or—okay, I look on Twitter all the time. But I look on Twitter and person after person will be like, oh, I submitted it for the third time and it still wasn’t funded. And people feel so discouraged. But I think that we also need to tell the part of the story that says we all fail. I mean, can you talk about your own perspectives about that and just let everybody know that this is okay.

Dr. Elwy: I have failed many times and I’ve had more grants not funded than funded. There’s no doubt about that, both in the VA as well as outside the VA. My very first grant was to a Robert Wood Johnson Foundation. But I think that’s where the mentoring comes in. My mentor Rich Sates who recently passed away at the time was my mentor. He was one of my postdoc mentors. And he was on the NIH side and he had had RWJ funding, and he felt like that was something that I should go for. But he taught me everything about how to handle it. He taught me how you write a good Specific Aims page. Taught me how you follow up with the program officer once you don’t get it funded and to learn from it. Taught me what pieces I could pull out and put into another grant.   
  
So I think I’ve had so many grants not funded both in the—I will never forget, I submitted a grant in the VA to test yoga as an intervention for PTSD and depression in 2009 and I think I was just laughed out of the committee. They were like, what is this? Is this even a thing? But because I was really passionate about this work, which came from veterans and I tried to make that really clear. I was doing a depression help seeking study and we were doing interviews with veterans and they were like, the reason I’m not getting treatment for depression is because I do not want this treatment. I do not want medication and I do not want therapy. I want yoga. I want meditation. Why won’t the VA give me that?   
  
And so I was like, I’m doing that project. So it was totally veteran driven and it—eventually the VA started to hear it from veterans, but not in 2009. It took a while. And in 2016, we had our Complementary Integrative Health Evaluation Center funded. But that’s a lot of years to stay really committed to something. And I did have a program officer who just retired Ranjana Banerjee in HSR&D, who was just as committed to that work. And I learned all about who in the VA was interested in this work. I became colleagues with Stephanie Taylor in 2012. We started working together to really start to build pathways through the VA on that. So you can take failures and then just either be like, okay. That was a terrible idea and dump it. Or you can take them and try to move them into something else. And so it’s much more fun to try to move them into something else.

Dr. Mattocks: And I think that you have a really good point there. The idea that sometimes it’s a good idea that it’s not the right time for that idea. I remember I wrote a grant in 2009 and it was on this thing that no one had really heard about called, fee basis care. And everyone’s like, oh. Veterans don’t use care outside the VA that much so this is not \_\_\_\_\_ [00:23:51] of a project. And then ten years later it’s so much of how we think about care in the VA is care that’s [overlapping conversation].

Dr. Elwy: So timing—timing is a thing for sure.

Dr. Mattocks: And your difference is huge. Yeah. Yeah, exactly. I want to take just some time at the end, we have about 10 minutes or so and I really want folks on the call to type in the chat questions for Roni. So we have a question from Galina, who is in West Haven. So she wonders for those of us who are mentees, if our content area isn’t the same as our mentors, do you have suggestions for ways we can give back to our mentors if the research focus doesn’t align? Specifically, suggestions beyond co-authorship on pubs. So how can mentees be good mentees?

Dr. Elwy: Yeah. No, that’s a great question. Hi, Galina. So you kind, I mean, I know you said not publications. I just want to say, I have a really good example of a publication with someone who we don’t do similar work where we wrote a perspective piece together. Basically, I sat down with him, he had written maybe four different grants that didn’t get funded. He was very frustrated. And I said, well, let’s write a perspective piece on this topic so we didn’t really need data. And that ended up being a publication that we have together and I absolutely loved that idea. But in terms of non-publication things, I think we don’t do a very good job as a field of thinking of other people when it comes to awards.   
  
We need awards, right? We need awards for promotion. We need awards for various things. Everyone’s so busy, they’re not necessarily thinking, oh. What can I—who can I put up for this award? They’re just busy. I’ve nominated myself for an award and I’ve asked my colleagues to like, if I wrote you a letter, would you support my award? And they’re happy to. It’s not that they don’t think that I shouldn’t get that award. They’re like, they’re busy. Everyone’s busy. So with that in mind, maybe there’s something that, oh, and the mentor can be nominated for or something like that. That would be an amazing thing.

Dr. Mattocks: I just want to build off that. That is such an important point, because I think that all these awards do come out in the VA and we see them. Investigator of the year, mentor of the year, or whatever. And probably many of us like oh, so busy. But that is such a kind thing that we can do for each other in terms of just doing that type of thing. And I also want to echo your point about—and this is something I think especially for junior people, it’s hard to hear. But it is important to self-nominate. I mean, there’s nothing wrong with that.   
  
And you and I have talked about that at length about, there’s just sometimes that you do have to put yourself out there and nominate yourself for an award or for a committee. Okay, Ida has a question for you. So how can junior researchers support your research? Are there direct forms of support or indirect ways such as research question you would love to see a junior researcher explore that you don’t have time to write? So I think the idea is, if people want to get involved with you, what are the different ways to do that?

Dr. Elwy: That’s a great question. Hi, Ida. If people don’t know, Ida is a new postdoc at my—at our Bedford Boston \_\_\_\_\_ [00:27:05] so really happy to see her. And of course, it’s hard to start. For all of you who started positions during COVID, it’s hard because not everyone is together and it’s hard to make connections. So I appreciate reaching out. Writing is hard, and that’s why I think my narrative writing helped me become a better writer in general.   
  
So oftentimes we think, oh, it’ll be really great. We’ll work with this person and they can write this paper. And writing is a really, really hard thing to do. But if people are motivated and able to pick up and say, this is something I’m going to run with. And they feel that they can handle being that first author on a paper, then that’s a huge gift to a mentor, to be able to do that. And I always want the person who writes the paper to be first author, and I hope a lot of other people are that way. And so that should be talked about and negotiated for sure. But if you’re going to take the lead and write a paper, that paper is yours.

Dr. Mattocks: Sarah Edmund at VA Connecticut also wants to know, we talked about when there’s a good idea, but a bad time. How do you discern when it’s a good idea at the wrong time versus when it’s just a really crappy idea?

Dr. Elwy: I don’t think we know that. For example Sarah, one of my first IRs was to engage families more in returning veterans from the Iraq and Afghanistan wars that went in in 2004. That was another proposal that was completely laughed out of the committee. And that got such a bad score that we didn’t even try to resubmit it. Terrible timing. Perfect question.

Dr. Mattocks: I just really wanted to thank you for taking the time to talk to us. and again, what you impart on our junior researchers is so important because they see you and they say, I can be like that. And you give them a context for how to do those things and so we appreciate that.

Dr. Elwy: Well, completely honored and humbled to be here. I don’t think anything I do is particularly special. I’m just so glad that perseverance and grit can lead to having a 20-year career in the VA. So hang in there everyone.

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