Medical school pushes to boost research

Dr. John C. Neff runs the immunology laboratory in Ohio State University's College of Medicine, teaches residents and interns at University Hospital and investigates infectious diseases.

Neff, 48, and an associate professor of pathology, is teacher, healer and medical researcher.

"IT'S A DELICATE balance," Neff said of the three hats he wears. "Most people are probably only good at two of the roles. There'll be a rare individual who is good at all three of them."

But in the pressure-cooker world of academic medicine, the pressure is on OSU doctors to win more federal grants. Teaching may be the aim, but research is the game.

"Teaching, taking care of patients and doing research are the three legs of a medical school program," said David G. Cornwell, the medical college's associate dean for academic affairs. "We've been very strong in the first two."

OSU administrators agree that the university's medical research effort, while not exactly ailing, could be much healthier.

"RELATIVE TO other university medical schools, Ohio State University's research posture compares poorly," a medical college study group reported last October during a faculty retreat. And just last month, a faculty committee studying the university's practice plan reported that:

- OSU recently placed 60th among the nation's 126 medical schools in the total amount of National Institute of Health research dollars received. One department chairman remarked, "NIH grants are the gold standard of research."
- Among the nine medical schools in the Big 10, OSU's ranked eighth in NIH research dollars. Four of those Big 10 medical schools ranked in the top 25 percent in NIH funding.
- In its own nationwide survey last year, OSU found that medical schools with strong research efforts had about half of their faculty working in research. OSU called its own effort "less intensive" — about one-third of its doctors were in research.

"IN THE NEXT FIVE years, we want to move into the top 30 medical schools in the country," Cornwell said. "We realize that is going to be difficult, given the relatively small size of our faculty in relation to our large student body. But we want to improve the academic climate."

To help intensify the research effort, OSU has proposed a new practice plan that would require doctors to pump a portion of their on-campus incomes, perhaps totaling as much as $1 million a year, into a collegewide fund administered by the medical school dean.

"Under the old plan, the emphasis was on individual initiative," Cornwell said. "But you can't have a good road system if every county builds all its roads. You have to have state and federal roads, too. The new plan would give the dean some leverage, some central control."

School administrators, meanwhile, have encouraged more doctors to apply for federal research dollars.

FIVE YEARS AGO, the medical school scored No. 1 in the nation in the quality of its federal research proposals, mainly because only older, more-experienced researchers were in the running. Today, OSU ranks No. 111.

What happened, Cornwell said, is simple: Word went out to OSU's 430 full-time doctors to pursue more research grants. As a result, younger or less-experienced faculty researchers suddenly found themselves battling for increasingly sought, diminishing federal dollars. And some weren't ready to compete.

"We have put enormous pressure on our faculty to write more grants," Cornwell said. "We're telling people who were not researchers or who were not successful in research applications to get in the race. For some, it's discouraging because we're asking them to do more than they can.

"Maybe we're aiming a little too high, but it's always a painful business when you ask people to think differently."