Getting to know Veera Baladandayuthapani, Ph.D.

Texas warmth
I was born in India and came to the U.S. for a master’s program in Rochester, N.Y. After it snowed there in June, I was happy to come to Texas for my Ph.D.

Arrived
I joined MD Anderson in 2005

Professional pride
Analyzing Big Data. The bigger and more complex it gets, the more fun it is!

MD Anderson gem
The outstanding mentorship within and between departments and spectacular collaborators.

Sports fan
I hadn’t gone into math; I would have been a sports journalist. I’m a rabid cricket fan and get up early to watch matches on TV with my two sons.

Quotable
A former colleague used to say, “No plan of analysis survives first contact with the data.”

Surprise!
I love making different types of coffee – I could be a barista if I wasn’t in academic research.

Clinical Innovators from page 1

Clinical Innovators funded by The Hearst Foundations

Sunil Patel, M.D., assistant professor, General Oncology

Jack Phan, M.D., Ph.D., assistant professor, Radiation Oncology

Jay Shah, M.D., assistant professor, Urology

Nancy You, M.D., assistant professor, Surgical Oncology

Donna Zhukovsky, M.D., professor, Palliative Care Medicine

Clinical Innovators funded by the T. Boone Pickens Fund

Javier Adachi, M.D., associate professor, Infectious Diseases

Abigail Caudle, M.D., assistant professor, Surgical Oncology

Stefan Ciurea, M.D., associate professor, Stem Cell Transplantation

Elisabet Manasanch, M.D., assistant professor, Lymphoma/Myeloma

Kanwal Raghav, M.B.B.S., assistant professor, GI Medical Oncology

Mock study from page 1

How to participate
Any faculty member who wants to take advantage of the mock study sections should submit their grant application through their department chair. Chairs need to evaluate the application and submit only those they feel are ready to benefit from this service. Some faculty members may be proactively identified as the best candidates for this support mechanism. Potential candidates may be those applying for bridge funding and those with lower NIH success rates despite high numbers of submissions. Chairs also can recommend candidates.

Faculty who receive Institutional Research Grant (IRG) funding or bridge funding are encouraged to contact Shete about participating in this program.

Reviewers benefit too
Providing meaningful reviews takes time and effort. In recognition of the significance of this program, the promotion and tenure committees have been instructed by Ethan Dimitrovsky, M.D., provost and executive vice president, and Oliver Bogler, Ph.D., senior vice president for Academic Affairs, to count service as an INTEREST reviewer as significant contributions toward the institutional service category.

Need more information?
For more information about this new program, contact Shete at (713) 745-2483 or sshete@mdanderson.org.

Staggered implementation
Some teams are dependent on other teams’ work. Some people’s expertise is needed on more than one team.

“While 64 teams may sound like a lot, it’s actually a consolidation of effort in some cases,” Buchholz says. “For example, we learned there were close to 60 different teams working on patient access and flow alone. Now there’s a formally charged group that learned from all those teams before taking the ball and running it into the end zone.”

Many other teams also already were at work, such as the many involved with the EHR and with the Moon Shots Program.

Faculty involvement
To date, 165 faculty members are participating on teams. And many teams are led by a faculty member.

Wendy Woodward, M.D., Ph.D., for example, is co-leading the objectives to reduce wait times in the ambulatory centers and optimize patient flow between appointments. Cancer Medicine Division Administrator Wendy Austin is co-leading these efforts.

“Many wanted to help improve these processes, so team member selection was given deliberate thought to achieve a good cross section of multidisciplinary participants while keeping the team size small enough to work effectively,” says Woodward, associate professor, Radiation Oncology.

Faculty input doesn’t stop with the team members. About 180 people, including at least 50 faculty, provided feedback as the teams’ plans evolved to help ensure their effectiveness when implemented.

“We received candid thoughts about what wasn’t right about the current plans, which we found very valuable,” Woodward says.

“We don’t want to stretch our people too thin or put the cart before the horse, so a schedule of staggered implementation has been created,” Buchholz says.

The best example is our EHR. The staggered schedule being created for the People We Serve focus area ensures we first look at process changes needed prior to the March 2016 implementation. All related projects are scheduled based on their ability to aid EHR adoption and optimization.

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Where are we headed? from page 1

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“Wendy asked me to provide an outside perspective for the team,” says Elizabeth Mittendorf, M.D., Ph.D., associate professor, Surgical Oncology. “I suggested that providing clear information about expectations and rationale was the best first step because many are happy to comply when we’re informed about what’s expected of us and why it’s important.”

Woodward says the team modified plans based on feedback such as this. Faculty interested in offering feedback are encouraged to look at the various teams...