

Background

- UF created a national presence as top 5 public university; seeks to prioritize research portfolio
- The research mission = national recognition, fiscal responsibility; most clinical faculty find the clinical and research balance difficult to achieve.
- Scalable and centralized research infrastructure is needed

Objectives

- Drawing on success of the PoRCH, this project aims to:
 - Create infrastructure for clinical research units (CRUs)
 - Centralization of key functions
 - Expansion of team-based opportunities to clinical, research faculty

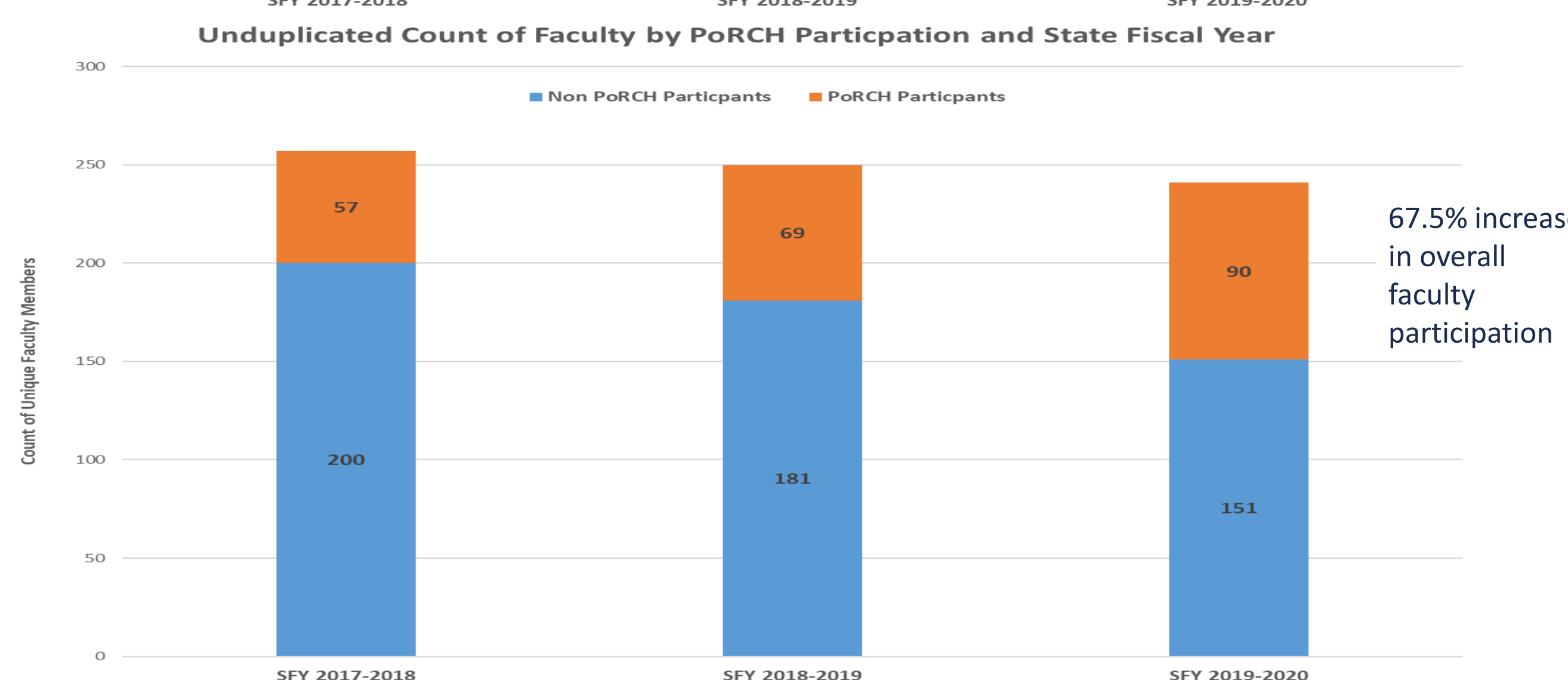
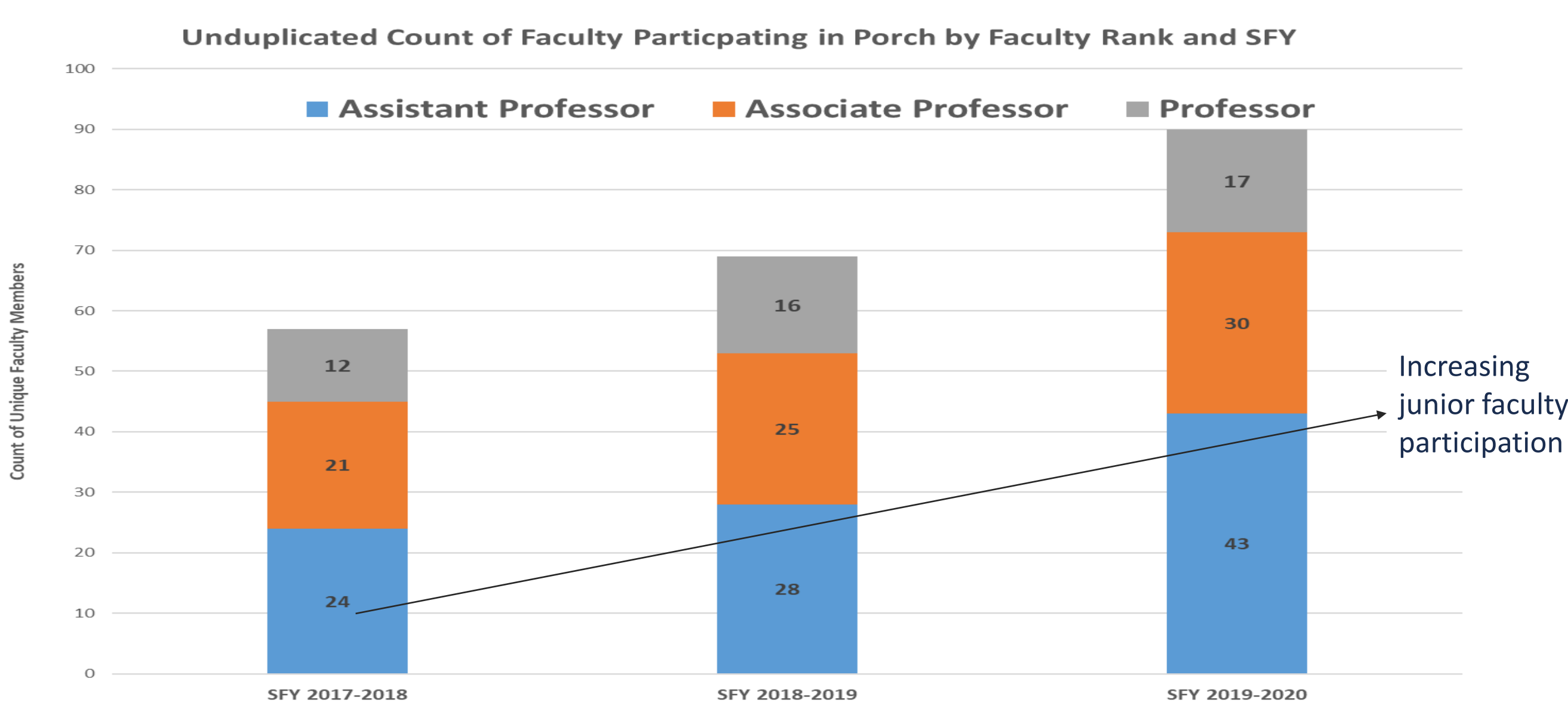
Methods

- Aim 1: Self-study of PoRCH and COM Research Coordination
- Aim 2: Peer consultation
- Aim 3: Research Accountability Survey and Focus Groups

Process and Outcomes:

Self-Study, Peer Consultation

Research Accountability



Current, Potential Barriers

- Department or unit-specific desire for 'own' team
- Need to cultivate and support research coordinator career pathways
- Need enhanced communication from shared resources to CRUs

Self-study

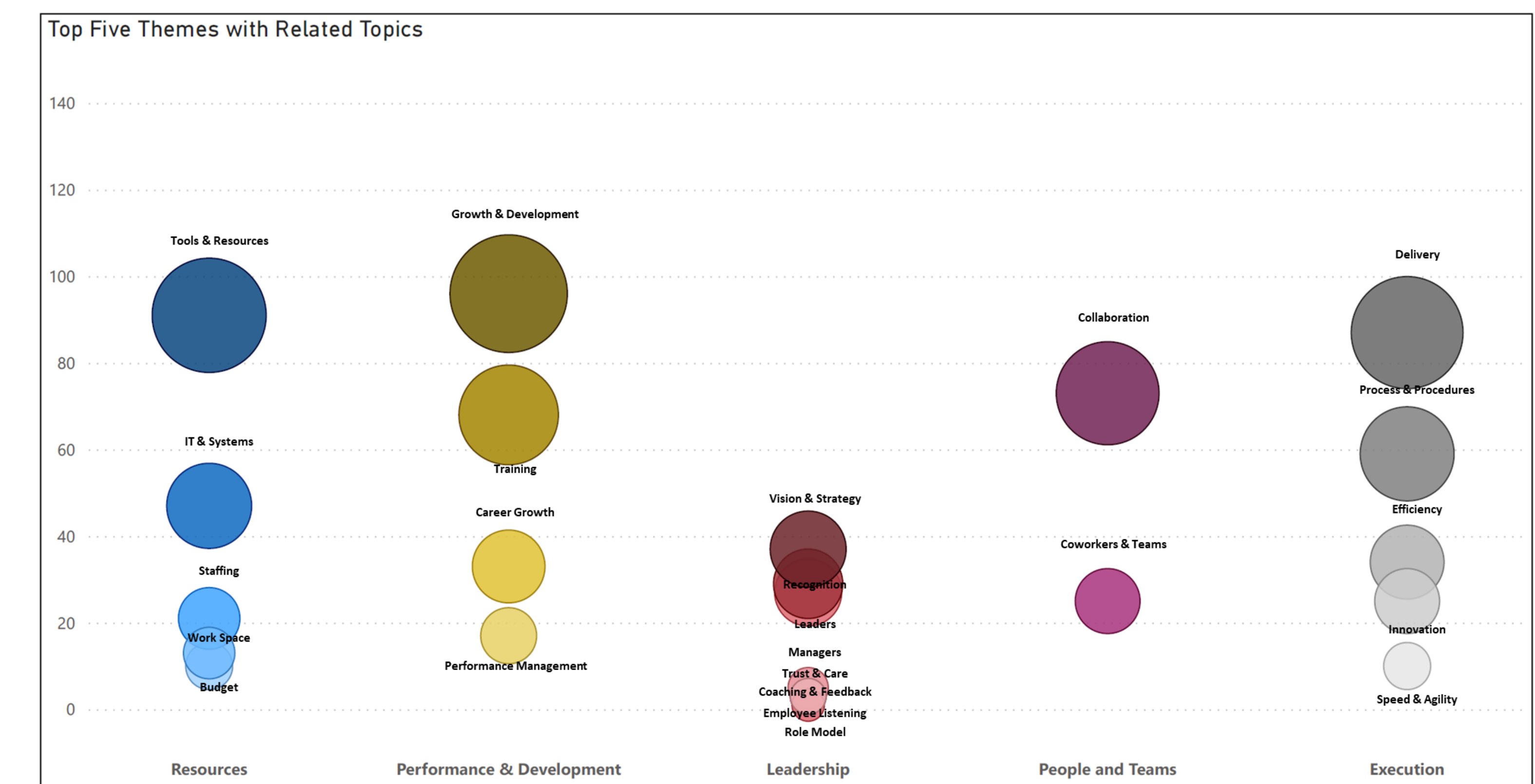
- >\$8 million spent annually in COM on research coordination
- Coordinators often change jobs for career advancement
- Stepwise expansion desired in:
 - Obstetrics and Gynecology, Neurology, Psychiatry, and Ophthalmology

Peer university lessons learned:

- Readiness for change
- Enhanced reach and scope of research capacity
- Efficiency, buy-in, career advancement for coordinators
- Fear of shared resources or reduced quality
- Culture change over time

Research Accountability Focus Groups (n=3; 15 participants)

- Research match-making and way-finding
- Single point of entry to research at COM
- Need regulatory and quality assurance centralization
- Sources of information (blackboards, online navigation, real-time navigation)
- Extensive desire and skills within COM
- Concierge model is desirable

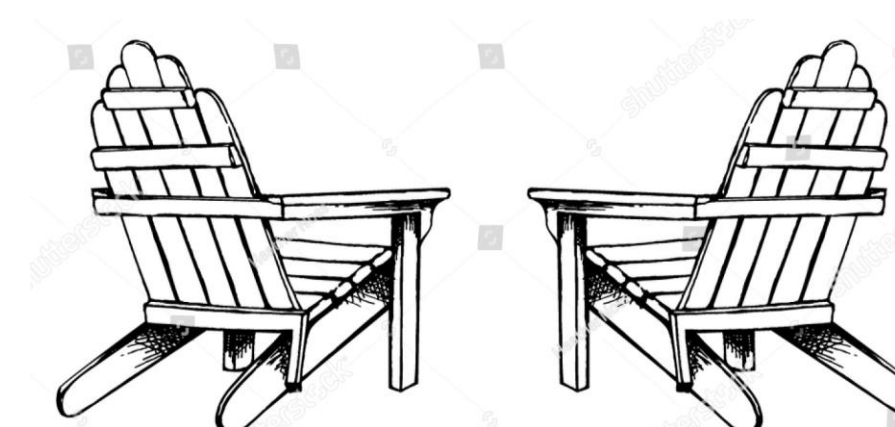


Emergent themes:

- Resources and tools;
- Collaboration within teams;
- Execution with attention to delivery, process, procedures and efficiency.

Conclusions

- Unit-specific (department, clinical theme, working groups) need way-finding *concierge* service
- Shared model seems best fit
- Next steps: Pilot implementation of CRU expansion with Ob Gyn and others



ELAM Fellow: Lindsay A. Thompson MD MS, University of Florida

Collaborators: Colleen Koch, MD, MS, MBA; Desmond Schatz, MD; Rebecca Mercado, MS CHES; Gailine McCaslin, MS; Brian Sevier, PhD; Edward Neu

Track: Research

Title: The PoRCH Model: A Pathway to Excellence for a Centralized Research Infrastructure at the University of Florida, College of Medicine

Background/ Significance

The research mission within any college of medicine is universally valued for the national recognition it brings through innovations and funding, yet is also the mission clinical faculty find most difficult to achieve. With financial solvency heavily reliant upon clinical care, a scalable and centralized research infrastructure that incorporates faculty education and development is needed to enhance research funding, engage faculty and promote national recognition. The University of Florida (UF) created a national research presence as a top 5 public university, and as such, seeks to prioritize enhancing its research portfolio.

Purpose/Objectives:

Drawing on the departmental success of the Pediatric Research Hub (the PoRCH, established 2017), this project seeks to build a strategic framework for a centralized research infrastructure model that promotes enhanced collaborative environments and expands team-based opportunities to clinical and research faculty.

Methods

Using a mixed methods approach with three aims, (1) we performed a self-evaluation of the PoRCH, matched with analyses of UF College of Medicine (COM) research coordination salary data to identify best practices of resources, performance and execution of clinical research. Additionally, (2) we completed a peer, key informant interview with Duke University's established research structure to build a UF conceptual framework for expanding the PoRCH. Finally (3), drawing from COM's Strategic Plan Survey, Research Pillar (n~500 respondents), we hosted Research Accountability Team focus groups (n=3; 15 participants (38% participation rate)) to articulate the specific resource needs.

Results/Outcomes to Date

UF COM's research coordination annual expenditure is > \$8 million. Consensus building evaluations (survey, focus groups) document a need for enhanced resources, performance, development and execution of research. Focus groups specifically identified four requisite themes: (1) Research matchmaking and way-finding; (2) a need for a single point of entry to research; (3) available sources of information (online navigation, real-people navigation); and (4) a desire for ongoing education to develop unique research skills. The emergent model is a shared *conciierge* service and articulates Clinical Research Units (CRU) as 'spokes' plugged into a hub of centralized knowledge, services and resources.

Discussion/interpretation

To increase efficiency with limited research dollars, a centralized research infrastructure model, in the form of a research *conciierge* service, will allow more consistency across operations, enhanced quality and workforce training opportunities, and promote inclusive team science. This in turn aims to improve overall quality of research execution through mentoring and oversight, supports research development, and provides a "safety net" for improved patient safety in the execution of research.

Conclusions/ Next Steps

The UF COM is ready for a shared research *conciierge* infrastructure to meet the demands of research complexities and needed research education for both faculty and research coordinators. We are piloting a stepwise expansion with the Departments of Obstetrics/Gynecology, Neurology, Psychiatry and Ophthalmology. Each desire their 'own' team, an emerging CRU, with enhanced communication, education and infrastructure from a centralized hub.