

Beyond Project-Focused Consultation to Investigator-Focused Consultation: The CCTST Integration Committee Model

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Original Model of Research Support

As with other Clinical and Translational Science Award (CTSA)-funded institutions, the Center for Clinical and Translational Science and Training (CCTST) provides a variety of clinical and translational research services to local investigators: biostatistics, epidemiology, and research design (BERD); biomedical informatics (e.g., data capture via REDCap¹ and data warehousing; pilot grant programs; a clinical translational research center; community engagement; research education, training, and career development; and regulatory support. Investigators submit requests to access all CCTST resources via an online portal called Research Central. Requests for consultation on projects are processed within 72 hours, and a meeting is arranged between a CCTST research service provider (e.g., BERD methodologist) and the investigator (trainees and junior faculty are asked to bring their mentor to the initial consultation). After providing the relevant service(s), CCTST faculty and staff record their meeting minutes electronically in Research Central. All requests for consultation are then reviewed at a biweekly meeting of CCTST directors and service provider to ensure that investigators are receiving proper and timely support (Figure 1A).

From its inception, consultations through Research Central have been geared to helping people with their specific research projects and most commonly involve BERD or REDCap support. In a given year, approximately 300–400 requests for consultation are processed.

While investigators have been quite satisfied with services received from the CCTST via Research Central, many use only limited services. Moreover, follow-up support has taken place only at the initiative of the investigator. Using a medical analogy, Research Central has functioned like an urgent care center, where the patient (investigator) comes to the center and receives episodic care (a single CCTST service) for the urgent problem. The service may be efficient and the patient may be satisfied but there is no follow-up and no attention is paid to the long-term health of the patient. This model of service is driven by requests for services by individual investigators; they determine when, what, and why they need services, and the CCTST is “reactive” to these requests.

Toward a New Model of Researcher Support

The urgent care clinic model of supporting a research project lacked a proactive and long-term commitment to investigators by the CCTST. Therefore, in 2013, we developed a new model to better integrate the various core services with a focus on the individual investigator and his or her career or program, rather than merely on his or her specific research project. Because one of the fundamental goals of the CCTST is to increase the quality and

quantity of translational research, investing in the professional development and longitudinal support of investigators is important strategically. Our new model is analogous to a “patient-centered medical home,” which complements the “urgent care clinic” model. This new model is founded on the collective interdisciplinary expertise of the CCTST core directors and senior investigators who are able to share their wealth of experience in clinical and translational research, and in particular their extensive knowledge of the institution with investigators.

The new group, called the CCTST Integration Committee (IC), is coled by two senior investigators and coordinated by a program manager. The committee includes the principal investigators of the CCTST; codirectors from the BERD, biomedical informatics, community engagement, and regulatory knowledge cores; several senior investigators; two evaluators; and invited faculty as appropriate for the investigator being helped. The IC meets three times each month and has four aims: (1) to provide strategic direction to investigators to support both specific research study needs and broad career development needs; (2) to provide proactive ongoing follow-up and support to investigators for their research and professional development; (3) to identify institutional and system barriers to clinical and translational research that need modification to improve the research environment for investigators; and (4) to help investigators to form multidisciplinary research teams.

Identifying Faculty or Programs for Support by the Integration Committee

Upon review of the many hundreds of researchers supported over the years by the CCTST, we identified several investigator profiles that we thought might benefit from the collective expertise of the IC:

- Promising junior faculty members pursuing a career in clinical or translational research or seeking colleagues or mentorship.
- Researchers trying to make the transition from a career development award to a research project grant (K to R researcher).
- Midlevel researchers seeking continued independent funding.
- Senior researchers looking to expand their programs.

Potential candidates to come before the IC are identified in two ways: (1) members of the IC identify investigators or leaders from other colleges (e.g., Nursing, Allied Health Sciences, Engineering & Applied Science) and refer them to the cochairs or (2) through a consultation conducted through Research Central, it is realized that the investigator seeking project-specific support would benefit from a more holistic view of his or her career goals, opportunities, and barriers to success (Figure 1B). IC leaders

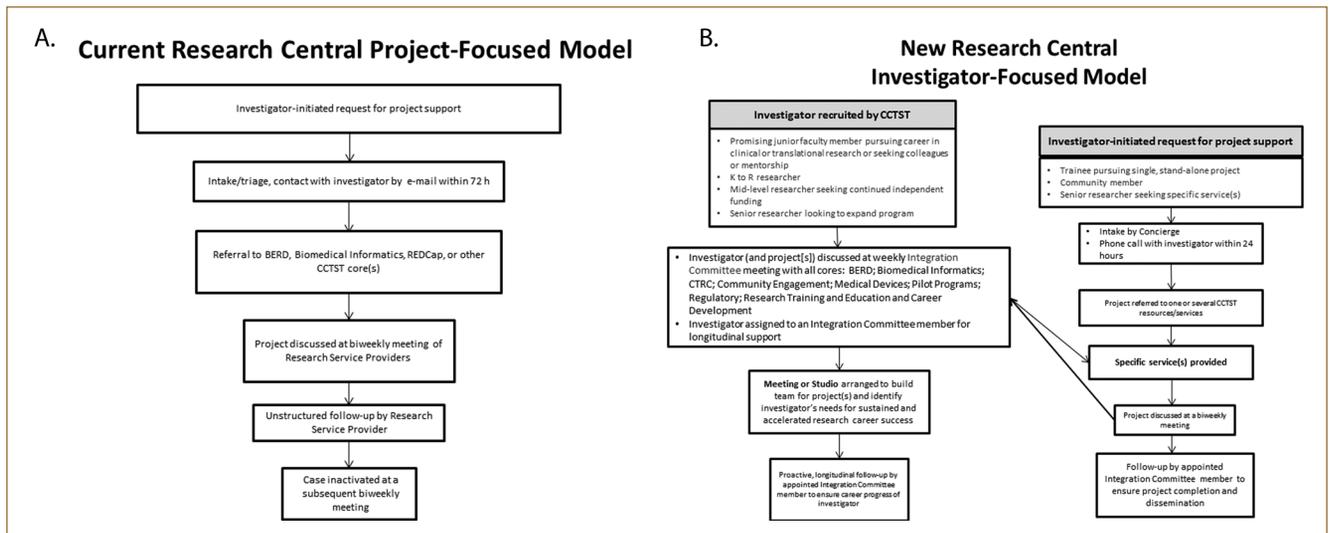


Figure 1. Current research central project-focused model (A) and new investigator-focused model (B). BERD = biostatistics, epidemiology, and research design core; REDCap = research electronic data capture; CCTST = Center for Clinical and Translational Science and Training; CTCR = Clinical Translational Research Center.

convene to review referrals and confirm appropriate fit, and the investigator is then contacted to determine if he or she is interested in presenting his or her current research and career plans to an upcoming meeting of the IC. To date, 100% of invited investigators have accepted.

In preparation for the IC meeting, the program manager works with the investigator to obtain a current CV and to prepare him or her for what to expect. Investigators are asked to come prepared to discuss their short-term goals (grants, manuscripts, pilot project ideas, programmatic concepts), long-term goals (next 3–5 years), typical work week (including amount of time available for research), mentoring relationships, and home division/department/college environment, including availability of colleagues and support from the investigator's division or department head. These issues are then discussed in confidence with the investigator at a scheduled 1- to 1½-hour meeting. Typically, 7–15 IC members attend each meeting. Meetings are audiotaped to facilitate recording of action items and strategic direction for the investigator, but all information discussed is considered to be confidential.

Integration Committee Follow-Up

At the end of the IC meeting, the investigator is assigned to one of the IC members for longitudinal follow-up. This individual is not intended to replace an existing mentor but to help connect the investigator to institutional resources and to proactively follow-up with the investigator to monitor his or her progress. The investigator leaves the IC meeting session with specific recommendations, with the IC's planned actions to support the investigator's research and career development, and with an approximate follow-up date.

Following the IC meeting, the program manager documents the proceedings, including stated short- and long-term goals, typical work week, and CCTST core-specific support needed, and uploads the session audio file, meeting minutes, and investigator's CV onto the CCTST's secure Website. The IC then uses a tracking and evaluation tool on the CCTST's website to update information in the form of confidential electronic progress notes for every investigator who receives an IC consultation.

Evaluation

Within 30 days of an IC meeting, a CCTST evaluator conducts a short telephone interview about the consultation experience. We are developing an investigator survey to be administered 9–12 months after the initial consultation to assess research and career development progress. We are also designing a qualitative study to analyze the audio transcripts from the IC consultation sessions to identify common themes for supporting investigators' careers. Finally, IC members are asked to report on their assigned investigators informally, and the IC leaders review this follow-up information at their regular meetings.

Conclusion

To move beyond the passive, investigator-driven support of numerous seemingly unrelated clinical and translational research projects, we are implementing a process of providing more holistic and active support to high-potential investigators at key points in their careers. The strategic approach to supporting each investigator is guided by our institution's most senior research faculty as well as CCTST directors and core directors. Our initial experiences with the first 20-plus investigators who have come before our IC have been very positive from the perspectives of both the investigators served and the IC members. Investigators have commented on being energized by having a group of senior faculty take an interest in their research and their careers. The experience has also provided the investigators the chance to reflect on their current situation and their career goals, and in some cases adjust either their own or their mentors' expectations. Simultaneously, the IC has provided an efficient method for the CCTST to coordinate its many services and tailor them to investigators' specific needs, and it has raised awareness among CCTST leaders of institutional structural and cultural impediments (or perhaps potential opportunities) for many investigators. The long-term impact of these consultations and follow-ups has yet to be determined, and our ability to use the evaluation data to make changes in the organizational structure and culture remains to be seen. Our expectation, however, is that the IC model will enable investigators to maximize their potential and that common institutional issues identified by IC investigators will provide good targets for future CCTST actions.

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