Creating Strong Research Teams

Duke Translational Nursing Institute
Objectives

• Describe advantages of a team approach for clinical research

• Define roles and responsibilities of the mentor, principal investigator, team leader and staff nurses in research teams

• Identify strategies to address key barriers to research team work

• Discuss strategies to maintain momentum during the research process
Advantages Of A Team Approach

• More brain power to allow for a variety of conceptual and creative contributions to enhance the overall product
• Ability to capitalize on the expertise of individuals
• More people to spread the word to talk up the project
• Increased ability to support within the team during the slow phases of the project to keep up morale
• More people to share the workload
Who Will Plant the Wheat?

Research process requires teamwork!

• Planting
• Harvesting
• Threshing
• Milling wheat into flour
• Baking flour into bread…
Who Will Plant the Wheat?

Research is a process…

- Planting
- Harvesting
- Threshing
- Milling wheat
- Baking flour into bread…

Takes time, teamwork!

- IRB submission
- Data collection
- Data cleaning
- Analysis
- Dissemination of results
Who Should Be On A Research Team?

• Mentor or Facilitator
• Principal Investigator/Team Leader
• Staff Nurse participants
• Administrative Staff
What Are Mentor/Facilitator’s Responsibilities?

• Provide research process expertise
• Oversee protocol design and development including:
  – Procedures for data collection
  – Analysis
  – Presentation
• Assist (Advise) investigators of potential roadblocks
• Maintain timeline and encourage momentum throughout the research process
What Are **Principal Investigator**’s Responsibilities?

- Establish the meeting schedule and timeline, amenable to group members
- Facilitate the meetings
- Delegate work assignments
- Oversee the research process
What Are **Team Leader**’s Responsibilities?

- Clarify goals for next meeting
- Use incentives
- Provide support
- Communicate team activities (within team, outside team)
What Are **Staff Nurse** Responsibilities?

- Consent, screen and enroll subjects
- Collect data
- Monitor data to ensure completeness and accuracy
- Facilitate mechanisms for communication
- Write and edit protocol
- Train data collectors
- Participate in presentation of results
What Are DTNI Administrative Staff Responsibilities?

- Create forms for consent and data collection
- Assemble enrollment packets
- Oversee availability of data form
“People Types”

Stubborn

Agreeable

“Chatty”

Undecided

“Hawthorne”

“Needy”
People Types

• Creative/Conceptual
• Objective/Analytical
• Detail Oriented
• Goal Oriented
• Starter
• Finisher
Match People Types With Responsibilities

Creative/Conceptual

- **Characteristics**
  - Risk-taker
  - Outgoing
  - Open
  - Imaginative/Inventive

- **Examples in the Workplace**
  - Chaos at the bedside doesn’t influence this individual’s ability to work effectively

- **Roles and Responsibilities**
  - Topics generator = Principal Investigator
  - Team leader role
  - Public relations role
Match People Types With Responsibilities

Objective/Analytical

- Characteristics
  - Realistic
  - Perceptive
  - Mentally active “thinker”
  - Discriminating
  - Concrete

- Examples in the Workplace
  - Works best in a neat, orderly environment
  - Distracted by clutter

- Roles and Responsibilities
  - Mentor/Facilitator
  - Study design role
  - Form development
  - Data collector
Match People Types With Responsibilities

Detail Oriented

• Characteristics
  – Accurate
  – Particular/Exacting
  – Scrupulous
  – Concrete/ Factual

• Examples in the Workplace
  – Documentation is always impeccable, even if this requires staying late

• Roles and Responsibilities
  – Study design role
  – Form development
  – Data collector = Staff nurse
Match People Types With Responsibilities

Goal Oriented

• Characteristics
  – Active/busy
  – Pragmatic
  – Assertive
  – Strong willed

• Examples in the Workplace
  – Patient care is always priority, documenting the specifics of that care, such as frequent vitals or hourly output, takes a back seat

• Roles and Responsibilities
  – Team leader
  – Facilitator
Match People Types With Responsibilities

**Starter**

- **Characteristics**
  - Tenacious
  - Self-starter/Independent thinker
  - Leader
  - Courageous

- **Examples in the Workplace**
  - Always ready to start a new project, not always tuned in for the “long haul”

- **Roles and Responsibilities**
  - Study developer/design
  - Public relations role
Match People Types With Responsibilities

**Finisher**

- **Characteristics**
  - Detail oriented/precise
  - Systematic/orderly
  - Concrete

- **Examples in the Workplace**
  - Committed to achieving closure of completion of a project. Does whatever it takes to complete tasks for the shift

- **Roles and Responsibilities**
  - Data collector = Staff nurse
  - Writing/publications = Principal investigator, Mentor
  - Director = Team leader
  - Editor = Mentor
  - Data monitor = Staff nurse
What Are Barriers To Research?

• Time
• Skills Set
• Knowledge
That Big, Bad, Barrier... Time

- Time constraints
- Information needs
- Computer access
- Data process design
- Data process integration
- Data entry
- Data cleaning
Why Make Time To Do It?

Focus on the Goal!

• So that care is based on science and meets patient needs…

• To improve clinical outcomes!
How to Begin to Save Time? Maximize Opportunity in Your Practice Question

• We would be collecting data on these issues anyway!

• Use these as an opportunity for research using nurse sensitive indicators to evaluate outcome.
Integrate Data Collection Into Usual Care

- Consider usual patient flow
- Design enrollment and data collection to be seamless
- Ensure round-the-clock staff representation on your study team
Use Timelines
Remind, Reinforce, Repeat

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<th>ACTIVITY</th>
<th>Target Dates</th>
<th>Planned Dated</th>
<th>Date Completed</th>
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<td>Submit clinical questions to Leadership</td>
<td>16 wks prior</td>
<td>1/1/2011</td>
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<tr>
<td>Proposal Development: CONTACT Team Members and Consultants to secure commitment</td>
<td>16+ wks prior</td>
<td>1/1/2011</td>
<td></td>
</tr>
<tr>
<td>Contact DTNI to enlist help</td>
<td>16+ wks prior</td>
<td>1/1/2011</td>
<td></td>
</tr>
<tr>
<td>SUBMIT Rough Draft to DTNI and schedule Timeline Planning Meeting with DTNI</td>
<td>16 wks prior</td>
<td>1/1/2011</td>
<td></td>
</tr>
</tbody>
</table>
Establish Electronic Communication Plans and Groups

- iGoogle Group Page
- Email listserve
- Meeting minutes posted
- Phone tree
- Cellular reminders
- Text message systems
Use Resources to Find Information Fast to Overcome the Skill-set and Knowledge Barrier!

• National standards / guidelines
  – Centers for Disease Control and Prevention (CDC)
  – Agency for Healthcare Research and Quality (AHRQ)
  – Professional organizations
    • Position statements
    • Procedure manuals

• Literature review resources
Moving Forward…. Review, Discuss and SHARE!

• We have a wealth of knowledge and experience among our own staff members – nurses just like you

• Many projects have been completed; ask your co-workers what they have done

• Attend workshops and conferences; read professional journals

• Working together we will move forward along the research road to excellence!
Disseminate and Translate to the Healthcare Team

- Attending Physicians
- Physical & Occupational Therapists
- Chaplain
- Respiratory Therapists
- Dietician
- Interns & Residents
- Patient Visitor Relations
- Pharmacists
- Patient Resource Manager

Duke Translational Nursing Institute
Frequent Reports Ensure That Administrative Support is Strong!
Keep the Ball Rolling During the Doldrums…

- Completing the process is long and requires perseverance
  - Encourage team members
  - Kudos at monthly staff meetings
  - Coffee klatch improves communication
  - Celebrate! Just because (for no reason)
Pain Care Study
(Pain Assessment IN Chest tube Removal with EMLA cream)
Winner of the 1997 Heart Center Nursing Research Award

Please join us for fun, food and facts about the 3200/3300 Pain Care Study

When: December 11
Where: 3200 Conf. Rm
Time: 7am to 7pm
Presenting at National Critical Care Conference
Publish Group’s Work

Differences in Level of Care at the End of Life According to Race

By Rebecca W. Johnson, RN, BS, L Kristin Newby, MD, MHA, Christopher B. Granger, MD, Wendy A. Cook, RN, MSN, Eric D. Peterson, MD, MHA, Melvin Echols, MD, Wanda Bride, RN, and Brad B. Granger, RN, PhD

Background: Tailoring care for patients and their families at the end of life is important.

Purpose: To examine factors associated with patients’ choices for level of care at the end of life.

Methods: Data on demographics and level of care (full scale, do not resuscitate, or withdrawal of life support) were collected on 1,020 patients who died between January 1998 and June 2006 on a medical care unit. Logistic regression was used to identify factors associated with level of care.

Results: Median (interquartile range) age of blacks was 64 (50-74) years and of whites was 80 (62-98) years. At the time of death, the level of care differed significantly between blacks and whites: 41.8% (n = 122) of blacks versus 26.7% (n = 154) of whites chose full scale care (P < .001), 27.3% (n = 96) of blacks versus 43.9% (n = 317) of whites chose do not resuscitate care (P = .033, and 20.3% (n = 64) of blacks versus 29.3% (n = 250) of whites chose withdrawal of life support (P = .09). After age, sex, diagnosis, and length of stay in intensive care unit and hospital were controlled for, blacks were more likely than whites to choose full scale care at the time of death (odds ratio 1.91 [95% confidence interval: 1.31-2.83], P = .001).

Conclusions: Blacks are 1.91 times as likely as others to choose full care at time of death. Cultural differences should be acknowledged when providing end-of-life care. (American Journal of Critical Care. 2010;19:335-342)
Enlist the Help of Expert

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