#ResearchOnResearch—A Research Training Initiative for Clinical Research Professionals

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BACKGROUND

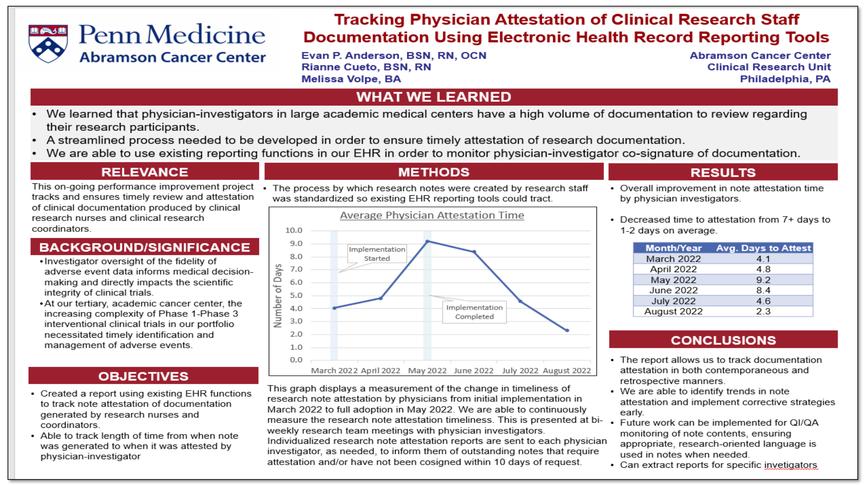
- Opportunities for independent research by non-physician clinical research professionals (CRPs) from the 12 cancer research teams of the Abramson Cancer Center Clinical Research Unit (ACC CRU) have been limited, to non-existent, until the launching of the #ResearchOnResearch initiative in April 2022.
- #ResearchOnResearch leverages the clinical research expertise of ACC CRU CRPs, empowers ACC CRU CRPs to pursue and to develop research projects derived from their clinical research experiences and academic interests, and provides research training and career development opportunities for ACC CRU CRPs.

GOALS

- Discuss research ideas and mentor ACC CRU CRPs in developing research projects.
- Provide training sessions to ACC CRU CRPs on activities supportive of research, e.g., formulating research questions, designing research projects, writing research. abstracts, creating research posters, formulating podium presentations, and publishing research.
- Identify prospective research conferences for submission of abstracts for poster, podium, and round-table presentations.
- Provide a forum for research collaboration among ACC CRU Staff.

2022 IACRN #ResearchOnResearch Posters

"Tracking Physician Attestation of Clinical Research Staff Documentation Using Electronic Health Record Reporting Tools"



Penn Medicine Abramson Cancer Center

Tracking Physician Attestation of Clinical Research Staff Documentation Using Electronic Health Record Reporting Tools

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WHAT WE LEARNED

- We learned that physician-investigators in large academic medical centers have a high volume of documentation to review regarding their research participants.
- A streamlined process needed to be developed in order to ensure timely attestation of research documentation.
- We are able to use existing reporting functions in our EHR in order to monitor physician-investigator co-signature of documentation.

RELEVANCE

This on-going performance improvement project tracks and ensures timely review and attestation of clinical documentation produced by clinical research nurses and clinical research coordinators.

BACKGROUND/SIGNIFICANCE

- Investigator oversight of the fidelity of adverse event data informs medical decision-making and directly impacts the scientific integrity of clinical trials.
- At our tertiary, academic cancer center, the increasing complexity of Phase 1-Phase 3 interventional clinical trials in our portfolio necessitated timely identification and management of adverse events.

OBJECTIVES

- Created a report using existing EHR functions to track note attestation of documentation generated by research nurses and coordinators.
- Able to track length of time from when note was generated to when it was attested by physician-investigator

METHODS

- The process by which research notes were created by research staff was standardized so existing EHR reporting tools could tract.

This graph displays a measurement of the change in timeliness of research note attestation by physicians from initial implementation in March 2022 to full adoption in May 2022. We are able to continuously measure the research note attestation timeliness. This is presented at bi-weekly research team meetings with physician investigators.
Individualized research note attestation reports are sent to each physician investigator, as needed, to inform them of outstanding notes that require attestation and/or have not been cosigned within 10 days of request.

RESULTS

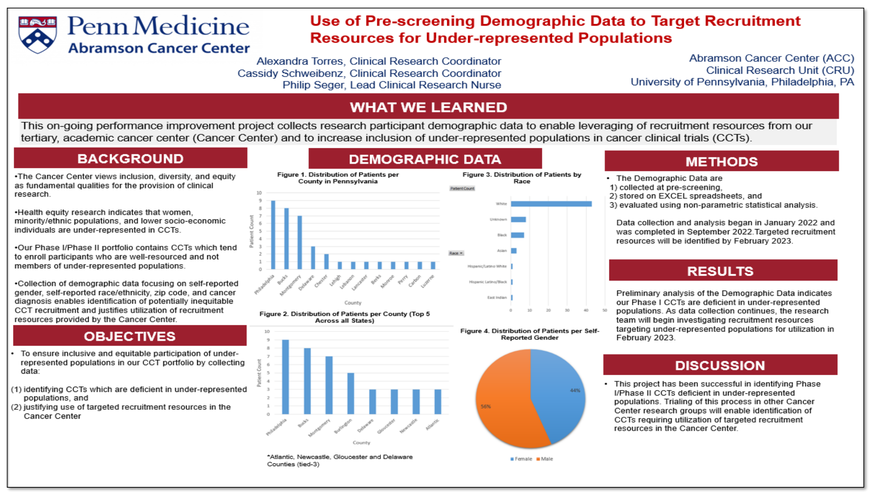
- Overall improvement in note attestation time by physician investigators.
- Decreased time to attestation from 7+ days to 1-2 days on average.

Month/Year	Avg. Days to Attest
March 2022	4.1
April 2022	4.8
May 2022	9.2
June 2022	8.4
July 2022	4.6
August 2022	2.3

CONCLUSIONS

- The report allows us to track documentation attestation in both contemporaneous and retrospective manners.
- We are able to identify trends in note attestation and implement corrective strategies early.
- Future work can be implemented for QI/QA monitoring of note contents, ensuring appropriate, research-oriented language is used in notes when needed.
- Can extract reports for specific invetigators

"Use of Pre-screening Demographic Data to Target Recruitment Resources for Under-represented Populations"



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Use of Pre-screening Demographic Data to Target Recruitment Resources for Under-represented Populations

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WHAT WE LEARNED

This on-going performance improvement project collects research participant demographic data to enable leveraging of recruitment resources from our tertiary, academic cancer center (Cancer Center) and to increase inclusion of under-represented populations in cancer clinical trials (CCTs).

BACKGROUND

- The Cancer Center views inclusion, diversity, and equity as fundamental qualities for the provision of clinical research.
- Health equity research indicates that women, minority/ethnic populations, and lower socio-economic individuals are under-represented in CCTs.
- Our Phase I/Phase II portfolio contains CCTs which tend to enroll participants who are well-resourced and not members of under-represented populations.
- Collection of demographic data focusing on self-reported gender, self-reported race/ethnicity, zip code, and cancer diagnosis enables identification of potentially inequitable CCT recruitment and justifies utilization of recruitment resources provided by the Cancer Center.

OBJECTIVES

- To ensure inclusive and equitable participation of under-represented populations in our CCT portfolio by collecting data:

(1) identifying CCTs which are deficient in under-represented populations, and
(2) justifying use of targeted recruitment resources in the Cancer Center

DEMOGRAPHIC DATA

Figure 1. Distribution of Patients per County in Pennsylvania

Figure 2. Distribution of Patients per County (Top 5 Across all States)

*Atlantic, Newcastle, Gloucester and Delaware Counties (tied-3)

Figure 3. Distribution of Patients by Race

Figure 4. Distribution of Patients per Self-Reported Gender

METHODS

- The Demographic Data are
  1) collected at pre-screening,
  2) stored on EXCEL spreadsheets, and
  3) evaluated using non-parametric statistical analysis.

Data collection and analysis began in January 2022 and was completed in September 2022.Targeted recruitment resources will be identified by February 2023.

RESULTS

Preliminary analysis of the Demographic Data indicates our Phase I CCTs are deficient in under-represented populations. As data collection continues, the research team will begin investigating recruitment resources targeting under-represented populations for utilization in February 2023.

DISCUSSION

- This project has been successful in identifying Phase I/Phase II CCTs deficient in under-represented populations. Trialing of this process in other Cancer Center research groups will enable identification of CCTs requiring utilization of targeted recruitment resources in the Cancer Center.

SOLUTIONS/ METHODS

- The 14th Annual Conference of the International Association of Clinical Research Nurses (IACRN) in October 2022 stimulated the development of #ResearchOnResearch and the submission of four abstracts.
- On-going performance/improvement projects developed by ACC CRU CRPs were identified. Two research groups were contacted, and CRP authors/co-authors were provided intensive training on abstract writing over a two-week period, as well as two-month intensive training in poster development/writing after acceptance of their abstracts.

OUTCOMES

- All four abstracts submitted to the IACRN were accepted.
- "Use of Pre-screening Demographic Data to Target Recruitment Resources for Underrepresented Populations" won third place in the IACRN 14th Annual Conference Poster Contest.
- The first #ResearchOnResearch training session, entitled "What is Research," occurred on November 4, 2022. Subsequent training sessions have included: "Quantitative Research" and "Five Phases of Quantitative Research."

LESSONS LEARNED / FUTURE DIRECTIONS

- #ResearchOnResearch's success has resulted in the more rapid identification of on-going quality/performance improvement projects.
- The projects underlying the IACRN abstracts have continued data collection and have plans for publication of their results.

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