

Building a Sustainable Research Infrastructure: Strategies for mid-career investigators

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**Is it necessary to have a
sustainable palliative
care research program
at your institution at
this time?**

YES...Reasons Why We Need a Sustainable PC Research Program at Our Institution:

- Personal.... Leave a legacy;
- Necessary for academic credibility;
- Important possible source of \$\$;
- Need to maintain training program.
- Arguably, more productive with long-running studies and spin-off research (RAND HIE, Harvard Channing Lab);
- Easier translation of research findings into clinical practice.

NO...*We Would Not* Need a Sustainable PC Research Program at Our Institution:

- Critical mass insufficient for programs everywhere particularly given multidisciplinary nature of field.
- Better to have few strong programs than a hundred struggling programs all competing for limited \$\$.
- Some argue for small # of COEs.
- Many places don't have enduring program in other important topics (e.g., preventive cardiology, women's health).
- If PI moved, nothing would be left and no attempt might be made to replicate it.
- If people move, they should take program with them
- Can't have depth in every area of training.
- Research funding often dictated by funding agency.

**If you left your
institution, what would
happen to the palliative
care research program
there?**

Range of Responses....

- Program would cease to exist;
- Institution would not recruit replacement but would promote from within;
- Institution would recruit from outside and will realize the difficulty of doing so;
- The program would continue but with significantly different emphasis;
- The need to replace would be dependent on the compatibility of palliative care research with the mission of the institution. The leadership would need to value palliative care for you to be replaced.

**Why have some
programs endured and
others have not when
senior scientists have
departed?**

Features of Programs that Endure:

- Research themes built beyond leader's personal interest;
- Program identity not one person;
- Mentorship and succession plan;
- When people have left, they haven't taken everything with them;
- Diversified funding;
- Research themes, methods and science that remained cutting edge and constantly changed/evolved;
- Endowment;
- Highly collaborative with many constituents;
- Weaved into institutional fabric and the institution's core business and mission;
- Strong business case such that institution could not live without the program.

**Should we support
Centers of Excellence in
Palliative Care?**

Creating a Palliative Care Research Center of Excellence

- Could start with collaborative network as was done in UK;
- Many mechanisms have been used by other groups, including U grants, PPGs, etc.
- How did other groups get funded (e.g., ARDS network)? Potential institutes? NCI, NINR, NIA, NICHD?
- Need to consider political avenues to create these initiatives.