



The value of external research and writing experts to physicians, hospitals, and the scientific community

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As the recent pandemic strains hospitals worldwide, many clinical and support services are being provided virtually or outsourced externally. There is a need to publish clinical research as quickly as possible as the world comes together to find a cure for COVID-19 and other devastating diseases. Like many other aspects of today's society, these changes are likely to be long-lasting, if not permanent, and external research and writing support can provide needed assistance to overworked physicians.

Under-resourcing of research at hospitals

Many hospitals, especially community hospitals (1), do not have strict requirements for conducting or publishing research studies. Therefore, unless sponsored by an interested third party, research and publication are often under-resourced and under-prioritized due to lack of internal research programs, financial support, and dedicated research staff (2). This leads to the problem of “data in drawers”, where large amounts of useful clinical data are never reviewed or published. Insights from observational research and real-world evidence, which could be used to improve diagnostic and treatment techniques, are often lost through inertia (3). Additionally, many hospitals do not have a dedicated research team or the resources to support full-time research staff, and thus, many studies are conducted by the physicians themselves, or by over-worked residents or fellows.

Clinical research, communication, and writing skills are not always emphasized in medical school programs (4). Additionally, few institutions have considered writing and

research specializations in their own right. In the current paradigm, the assumption is that observational, real-world, and secondary research are the province of physicians on their weekends and evenings. Medical schools are starting to take notice of the wasted clinical data and enact programs to increase research training (5). However, these programs can be expensive and time-consuming, and their overall value and long-term impact is yet to be determined. Furthermore, if physicians have limitations on their time during training, as well as during clinical practice, is the best path to better researchers to load further responsibilities on these professionals (6)?

Hospitals are incentivized to support their physicians' research

Given that many hospitals have research and publication requirements, the institutions themselves have incentives to support research activities. For example, The American College of Surgeons requires level 1 trauma centers in the US to publish a minimum of 20 peer-reviewed articles in a 3-year period (7). They are not required to have a research committee or director, and therefore, this responsibility falls on the clinicians.

Institutional leaders recognize that a strong observational research program within a hospital system has further benefits such as positive publicity for the hospital, scientific and technological breakthroughs, and community impact by helping to recruit and maintain a top-notch team of physicians. A recent study also found the amount of research published by a hospital was associated with reduced patient

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length of stay and increased surgical output (8), suggesting that research activities improve patient care.

The gap in research output, in our opinion, is not solvable through unsupported and unremunerated demands on clinicians. Instead, we see the growth of a burgeoning research profession—separate from, but linked closely to, the physician community—as an invaluable instantiation of specialization as value creation. Using professional research expertise to help design research studies, analyze data, and draft manuscripts ensures that scientific practices and effective communication are the focus of research—all in consultation with physicians, but without requiring a significant time commitment.

Extending expertise outside the hospital

Vitaly, none of this is meant to minimize the role of physicians in research. Physicians have a central role in crafting research questions, identifying patient groups, directing data gathering, and formulating conclusions. However, the vast majority of research happens in support of these capacities, and the authors are shocked that physicians—who often have several extenders at leading institutions when giving individual care—are given zero when attempting to help the medical public grow its knowledge base. Given that specialization in physician “extenders” is considered a route to improving both the physician work environment and patient health, the authors propose that research activities require a shift from the ‘in your free time’ model to a ‘physician-extender’ model of research.

Especially as concerns around physical presence at hospitals have heightened during the COVID-19 pandemic, more aspects of healthcare are being delivered remotely. Virtual clinic visits are becoming commonplace, while radiologists, diagnostic imaging services are being outsourced as fast as they are being automated (9,10). Administrative support is also moving to remote models (11). The authors propose that research activities such as study design, medical writing, statistical analysis, and data management are low-hanging fruit to perform remotely. Professional third-party consultants can provide specialized research and writing support to help move research publications forward. Several such companies exist in the United States in various forms.

An outsourced team of “on-call” researchers and medical writers has clear advantages in terms of efficiency at the hospital: the hospital can pay-per-service, meaning there

is no cost involved until they are ready. The help is then available to the hospital without HR work, overhead, or training. If the researchers support multiple hospitals, it reduces the waste of down-time and enables far better matching of research skills to the task at hand. Writers can be “specialized” into therapeutic areas, to encourage seamless flow of information from the physician to the consultant.

By using remote research support, hospitals keep fixed costs low and maintain flexibility, especially if these remote researchers are professional consultants rather than hospital employees. Outsourcing such services reduces time to the physician and removes the “learning curve” involved in drafting quality written materials. It also allows the physician’s hospital to avoid hiring and training in-house staff. In this way, clinicians may reserve their time for tasks requiring physician-level input, allowing the experienced research professionals to take research-related tasks off the physicians’ hands in collaboration with them.

The urgency of research is increasing since COVID-19. As the volume of available data from hospitals explodes, there is a huge unmet need for better management and independent training systems while clinicians focus on what they do best—saving lives.

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that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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