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Engaging with supporting departments: Guidance for anaesthesia research departments

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Purpose of document:

This document outlines guidance for research teams on engaging with supporting departments throughout a clinical trial. Drawing on experience from coordinating investigator-initiated and commercial studies, it outlines key strategies to enhance collaboration, streamline processes, and support successful trial delivery.

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The development of the Anaesthesia Research Coordinator Network (ARCN) and ANZCA CTN toolkit is being led by the CTN office team, in collaboration with the ARCN Sub-committee and the CTN executive. We gratefully acknowledge the contributions of the ANZCA CTN members, CTN Office, ARCN Sub-committee, and CTN executive in the creation, preparation, development, and review of this document.

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1.0	Samantha Bates Karen Goulding Gillian Ormond Allison Kearney	Louise de Prinse Samantha Bates Dr Doug Campbell	1/8/25	Creation

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Engaging with supporting departments: Guidance for anaesthesia research departments

This guidance document is based on the CTN educational session presented by Samantha Bates on 23 May 2019. It outlines strategies and practical considerations for engaging with supporting departments throughout the lifecycle of a clinical trial. These insights are based on extensive experience coordinating both investigator-initiated and commercial trials within intensive care, anaesthesia, and perioperative medicine.

1. Overview of supporting departments

- Supporting departments are any internal or external services whose involvement is required for the successful execution of a trial.
- Examples include nursing and medical workforce units, radiology, pathology, clinical trials pharmacy, health information services, biostatistics teams, language and translation services, cultural support services such as Aboriginal or Māori Health Units, or specific clinical disciplines such as social work or psychology.
- Engagement depends on patient flow and whether the trial intersects with the operational scope and availability for service provision of these departments.

2. Engagement across the trial lifecycle

Planning phase

- Review the protocol to identify logistical requirements. Identify what could be considered standard care, and what is above standard care (specific for the research protocol such as more frequent pathology tests at certain time intervals). Check for specific requirements that are not routinely performed.
- Discuss with the Principal Investigator (PI) to align expectations and gather background information.
- Identify your own limitations: what tasks can your team manage internally versus which tasks will require support. Outsourcing beyond your team risks protocol deviations and loss of control of project management.
- Contact potential collaborators to explain what support is needed, why it is needed, how it differs from standard care and what specific actions are required from the department. Review their capacity to meet time-sensitive or specialist trial procedures.
- Outline any funding supports available as part of study budget to cover any non-standard services required.
- Follow any established internal processes and advocate for change when workflows are inefficient or unclear.

Planning phase practical tips

- Start engagement early. Some service providers may demand specific processes to be followed (such as application forms) that require review by multiple stakeholders or a review panel. Initiate any formal application processes as early as possible to avoid delays in approval time and site start-up.
- Communicate succinctly with potential collaborators. Tailor your approach to each department's culture and workload.
- Face-to-face or telephone conversations can be more fruitful than email for initial engagement with collaborators.
- Leverage the PI to assist with high-level negotiations or to navigate departmental resistance.
- Avoid overwhelming departments with full protocols via email - provide concise, tailored summaries instead.
- Encourage a sense of ownership and enthusiasm from collaborating departments.

- Negotiate fees transparently. Challenge non-essential charges like storage or dispensing if services are not being used. If they are charging commercial rates, ask to consider negotiation of a lower fee for investigator-initiated trials with fixed budget or 'in-house' studies.
- Be open and transparent if there is no funding. Some service providers may be able to provide "in-kind" support if the scope of the project serves a mutual scientific interest or is deemed "for the greater good".
- Work with your site's clinical trials network to streamline processes and resolve barriers.
- Offer other incentives where possible—this might include co-authorship or acknowledgements.
- If internal departments cannot meet requirements, explore outsourcing or third-party collaborations. Assess whether external service providers can meet protocol requirements and determine if workarounds are feasible.
- Radiological services may require review from both the radiology department and a medical physicist. The department will review scope for service, staffing and ability of the department to meet trial demand. A medical physicist performs a separate review of risk of radiation exposure and technicalities of the protocol. There are very few medical physicists and as such, demand for their time is high. Understand that if a medical physicist assessment is required, this may delay review time.

Setup phase

- Identify which departments need formal sign-off (governance sign off in Australia, locality Application sign off in New Zealand) and avoid unnecessary inclusions.
- Follow local processes to set up required billing structures and logistical supports. Understand your site's supporting department systems (pharmacy, pathology, radiology) —prepare for manual workarounds where electronic systems exclude research workflows.
- Work collaboratively to prepare required documentation, including request slips and specialised instructions.
- Coordinate hardware and Information Technology (IT) setup if equipment or data transfers are needed.
- Verify that logistical processes, technical equipment, and communication systems are functional before recruitment starts.
- Ensure any technical equipment is calibrated and maintained.

Practical tips

- Use checklists and cheat sheets to aid communication and task execution across departments.
- Use visual aids (e.g., stickers, cheat sheets, posters) to support implementation in clinical areas.
- Identify a 'champion' within each department to advocate for the study internally.
- Build rapport and use a people-first approach, especially in times of tension or staffing shortages.
- In-service training should be considered for staff—leverage internal champions or deliver it directly with the PI or coordinator.
- Offer flexible solutions and collaborate on logistical challenges.
- Use your research network to identify internal contacts and learn from others' experiences.

Recruitment phase

- Monitor supporting documents to ensure compliance to protocol and collaborative commitments and address protocol deviations or issues early.
- Regularly check in with departments to maintain engagement and troubleshoot emerging issues.
- Track and reconcile financial invoices against patient records to ensure billing accuracy.

Practical tips

- Initial patients will challenge systems—expect to troubleshoot early on. Be ready to pause recruitment if quality or compliance is compromised due to operational breakdowns, and restart once resolved.
- Avoid critique if delivery is different to expectations. Seek dialogue for improved mutual understanding.
- Allow the trial workflow to settle into a routine before ramping up recruitment.
- Recognise trial fatigue and respond with renewed engagement, empathy, and problem-solving.

Post-study phase

- Share trial outcomes and express appreciation to maintain long-term relationships.
- Provide thanks, positive feedback, and recognition to involved departments, even if minimal involvement occurred. Make supporting staff feel included and acknowledged. Use the post-study period to reinforce your research network and institutional reputation.
- Acknowledge the contribution of supporting teams in reports and publications.

3. Key lessons and reflections

- Engaging with supporting departments is fundamentally about managing risk and understanding shared burdens.
- The more you outsource or delegate, the greater the risk to control and cost.
- Effective collaboration strengthens momentum and enhances trial success.
- Be resilient, persistent, and flexible - and involve the PI when necessary to support escalation or negotiation.