

# FORMING A TEAM

## FORMING A TEAM

One of the most common reasons for the failure of an otherwise good research project is failure to involve others. Only the smallest single-centre project can be delivered by an individual researcher working alone; almost any project worth doing will need a team to deliver it. This team can bring the necessary skills and experience to help bring the project to fruition but also, and perhaps more importantly, it can provide the momentum required to keep pushing a project through to completion when the inevitable hurdles are met. There may be local colleagues who form a natural team for a project, perhaps with the oversight of an experienced trainer or mentor. Another solution can be to get involved in a collaborative research group. Surgery has led the way with collaborative research working over recent years. The first trainee-level research collaborative in the UK was formed in 2008 when a group of surgical trainees who shared the same frustrations around the challenges of conducting high-quality research while engaged in a full-time training programme came together to create the West Midlands Research Collaborative (WMRC). The premise was simple: to create and conduct prospective research projects that simultaneously collate data from across all of the members' units and to take advantage of the rotation of trainees' postings between units to ensure project longevity and thus enable longer term outcome collection. By achieving a critical mass of engaged members in these projects, the collective momentum ensured completion even if individuals were unable to personally contribute in a consistent manner because of examinations, family life or busy clinical periods. Such research collaboratives can be most effective in undertaking two key types of study: (i) simple randomised controlled trials (RCTs) and (ii) multicentre snapshot audits (see Audit and service evaluation). The first RCT undertaken by the WMRC was the ROSSINI trial, which explored the effectiveness of a simple wound-edge protection device in reducing wound infections after abdominal surgery. A network of trainees mobilised 21 units for the trial and together they completed the trial 20 months ahead of schedule, having randomised 760 patients over a 23-month period, completing in January 2013. This achievement galvanised the research collaborative model and stimulated other new groups to form. There are now general surgical research collaboratives in every region of the UK and national collaboratives for each surgical subspecialty area such as neurosurgery and cardiothoracic surgery. Many other countries with rotational surgical training programmes have also formed their own parallel collaboratives, including Australia, Portugal, Italy, The Netherlands and Canada. The collaborative movement has

Coverage Availability Internet PubMed comprises more than 25 million citations for biomedical literature from MEDLINE, life science journals and online books Citations may include links to full-text content from PubMed Central and publisher websites Internet Full-text archive of biomedical and life sciences journal literature at the US National Institutes of Health's National Library of Medicine Subscription Providing extensive coverage of peer-reviewed biomedical literature, along with indexing, searching and information management tools Cumulated index to nursing and allied health Subscription literature Internet Preparing, updating and promoting the accessibility of

tice, engaged thousands of surgical trainees and their consultant mentors and created an active network of research active clinicians at many hospitals across the world. In the UK, trainee collaboratives have, to date, developed at least 10 RCTs and been awarded competitive grant funding worth over £8 million. The model has also extended to medical student collaboratives (STARSurge), and all 42 medical schools in the UK now have an active network student research collaborative. More recently, similar research collaboratives have also formed, utilising the established core principles, in non-surgical specialities such as anaesthetics, gastroenterology and elderly care. All of these collaborative groups work on a principle of complete inclusivity - any interested person is very welcome to get involved in the collaborative; both in existing projects and in suggesting new ideas. People can join at any stage from medical student to consultant. Anyone interested in surgical research should seek out their local or national surgical research collaborative group and get involved. FORMING A TEAM

One of the most common reasons for the failure of an otherwise good research project is failure to involve others. Only the smallest single-centre project can be delivered by an individual researcher working alone; almost any project worth doing will need a team to deliver it. This team can bring the necessary skills and experience to help bring the project to fruition but also, and perhaps more importantly, it can provide the momentum required to keep pushing a project through to completion when the inevitable hurdles are met. There may be local colleagues who form a natural team for a project, perhaps with the oversight of an experienced trainer or mentor. Another solution can be to get involved in a collaborative research group. Surgery has led the way with collaborative research working over recent years. The first trainee-level research collaborative in the UK was formed in 2008 when a group of surgical trainees who shared the same frustrations around the challenges of conducting high-quality research while engaged in a full-time training programme came together to create the West Midlands Research Collaborative (WMRC). The premise was simple: to create and conduct prospective research projects that simultaneously collate data from across all of the members' units and to take advantage of the rotation of trainees' postings between units to ensure project longevity and thus enable longer term outcome collection. By achieving a critical mass of engaged members in these projects, the collective momentum ensured completion even if individuals were unable to personally contribute in a consistent manner because of examinations, family life or busy clinical periods. Such research collaboratives can be most effective in undertaking two key types of study: (i) simple randomised controlled trials (RCTs) and (ii) multicentre snapshot audits (see Audit and - service evaluation). The first RCT undertaken by the WMRC was the ROSSINI trial, which explored the clinical effectiveness of a simple wound-edge protection device in reducing wound infections after abdominal surgery. A network of trainees mobilised 21 units for the trial and together they completed the trial 2 months ahead of schedule, having randomised 760 patients over a 23-month period, completing in January 2013. This achievement galvanised the research collaborative model and stimulated other new groups to form. There are now general surgical research collaboratives in every region of the UK and national collaboratives for each surgical subspeciality area such as neurosurgery and cardiothoracic surgery. Many other countries with rotational surgical training programmes have also formed their own parallel collaboratives, including Australia, Portugal, Italy, The Netherlands and Canada. The collaborative movement has

Coverage Availability Internet PubMed comprises more than 25 million citations for biomedical literature from MEDLINE, life science journals and online books Citations may include links to full-text content from PubMed Central and publisher websites Internet Full-text archive of biomedical and life sciences journal literature at the US National Institutes of Health's National Library of Medicine Subscription Providing extensive coverage of peer-reviewed biomedical literature, along with indexing, searching and information management tools Cumulated index to nursing and allied health Subscription literature Internet Preparing, updating and promoting the accessibility of Cochrane Reviews published online in The Cochrane Library

tice, engaged thousands of surgical trainees and their consultant mentors and created an active network of research active clinicians at many hospitals across the world. In the UK, trainee collaboratives have, to date, developed at least 10 RCTs and been awarded competitive grant funding worth over £8 million. The model has also extended to medical student collaboratives (STARSurge), and all 42 medical schools in the UK now have an active network student research collaborative. More recently, similar research collaboratives have also formed, utilising the established core principles, in non-surgical specialities such as anaesthetics, gastroenterology and elderly care. All of these collaborative groups work on a principle of complete inclusivity - any interested person is very welcome to get involved in the collaborative; both in existing projects and in suggesting new ideas. People can join at any stage from medical student to consultant. Anyone interested in surgical research should seek out their local or national surgical research collaborative group and get involved. FORMING A TEAM

One of the most common reasons for the failure of an otherwise good research project is failure to involve others. Only the smallest single-centre project can be delivered by an individual researcher working alone; almost any project worth doing will need a team to deliver it. This team can bring the necessary skills and experience to help bring the project to fruition but also, and perhaps more importantly, it can provide the momentum required to keep pushing a project through to completion when the inevitable hurdles are met. There may be local colleagues who form a natural team for a project, perhaps with the oversight of an experienced trainer or mentor. Another solution can be to get involved in a collaborative research group. Surgery has led the way with collaborative research working over recent years. The first trainee-level research collaborative in the UK was formed in 2008 when a group of surgical trainees who shared the same frustrations around the challenges of conducting high-quality research while engaged in a full-time training programme came together to create the West Midlands Research Collaborative (WMRC). The premise was simple: to create and conduct prospective research projects that simultaneously collate data from across all of the members' units and to take advantage of the rotation of trainees' postings between units to ensure project longevity and thus enable longer term outcome collection. By achieving a critical mass of engaged members in these projects, the collective momentum ensured completion even if individuals were unable to personally contribute in a consistent manner because of examinations, family life or busy clinical periods. Such research collaboratives can be most effective in undertaking two key types of study: (i) simple randomised controlled trials (RCTs) and (ii) multicentre snapshot audits (see Audit and - service evaluation). The first RCT undertaken by the WMRC was the ROSSINI trial, which explored the clinical effectiveness of a simple wound-edge protection device in reducing wound infections after abdominal surgery. A network of trainees mobilised 21 units for the trial and together they completed the trial 2 months ahead of schedule, having randomised 760 patients over a 23-month

period, completing in January 2013. This achievement galvanised the research collaborative model and stimulated other new groups to form. There are now general surgical research collaboratives in every region of the UK and national collaboratives for each surgical subspecialty area such as neurosurgery and cardiothoracic surgery . Many other countries with rotational surgical training programmes have also formed their own par - allel collaboratives, including Australia, Portugal, Italy , The Netherlands and Canada. The collaborative movement has

Coverage Availability Internet PubMed comprises more than 25 million citations for biomedical literature from MEDLINE, life science journals and online books Citations may include links to full-text content from PubMed Central and publisher websites Internet Full-text archive of biomedical and life sciences journal literature at the US National Institutes of Health's National Library of Medicine Subscription Providing extensive coverage of peer- reviewed biomedical literature, along with indexing, searching and information management tools Cumulated index to nursing and allied health Subscription literature Internet Preparing, updating and promoting the accessibility of Cochrane Reviews published online in The Cochrane Library

tice, engaged thousands of surgical trainees and their consul tant mentors and created an active network of research active clinicians at many hospitals across the world. In the UK, trainee collaboratives have, to date, developed at least 10 RCTs and been awar ded competitive grant fund ing worth over £8 /uni00A0 million. The model has also extended to medical student collaboratives (STARSurg), and all 42 medical sc hools in the UK now have an active network student research collaborative. More r ecently , similar research collaboratives have also formed, utilising the established core principles, in non-surgical specialities such as anaesthetics, gastroenterology and elderly care. All of these collaborative groups work on a principle of complete inclusivity - any interested person is very welcome to get involved in the collaborative; both in existing projects and in suggesting new ideas. People can join at any stage fr om medical student to consultant. Anyone interested in sur gical research should seek out their local or national surgical research collaborative group and get involved.

---

Revision #1

Created 2025-12-31 15:08:49 UTC by Omar Ayman

Updated 2025-12-31 15:08:49 UTC by Omar Ayman