

September 2024

Research Integrity in the Academic Transformation of a Community Hospital

Andrew Adorboe

Office of Research Integrity, Tower Health

Paul Hryvaniak

Human Subjects Protection, Institutional Review Board, Tower Health

Carol Kriebel

Compliance Department, Tower Health

Erica Klopp

Continuing Medical Education Office, Academic Affairs, Tower Health

Wei Du

Academic Affairs, Tower Health

Follow this and additional works at: <https://scholarcommons.towerhealth.org/t-med>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Adorboe A, Hryvaniak P, Kriebel C, Klopp E, Du W. Research Integrity in the Academic Transformation of a Community Hospital. *Transformative Medicine*. 2024; 3(3):78-79. doi: <https://doi.org/10.54299/tmed/xijo9511>.

This article is brought to you for free and open access by Tower Health. It has been accepted by an authorized editor for inclusion in Transformative Medicine.

Research Integrity in the Academic Transformation of a Community Hospital

Andrew Adorboe¹, Paul Hryvniak², Carol Kriebel³, Erica Klopp⁴, Wei Du⁵

1. Office of Research Integrity, Reading Hospital – Tower Health, West Reading, PA

2. Human Subjects Protection, Institutional Review Board, Reading Hospital – Tower Health, West Reading, PA

3. Compliance Department – Tower Health, West Reading, PA

4. Continuing Medical Education Office, Reading Hospital – Tower Health, West Reading, PA

5. Academic Affairs – Tower Health, West Reading, PA

Published September 2024

Research integrity, a fundamental pillar of research excellence and public trust in scientific advancement, encompasses objectivity, honesty, openness, fairness, accountability, and stewardship. Research misconduct, on the other hand, is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. A recent meta-analysis reported the prevalence rate (self-report vs observed) of 4.2% vs 27.9% for plagiarism, 4.5% vs 21.7% for data fabrication, and 9.7% vs 33.4% for data falsification.¹ Research misconduct in clinical research may involve broader practices that can be deemed questionable and even detrimental to the wellbeing of study subjects. Common misconduct findings in clinical research include failure to adhere to research protocol, report serious adverse events, obtain adequate informed consent, seek Institutional Review Board review and approval of study protocols or changes, and adequately supervise the clinical trial.² Consequences of research misconduct can be as severe as career ending for individual researchers and irreparable damage to an institution's reputation. Promoting research integrity and preventing research misconduct should be prioritized in community hospitals that are actively seeking academic transformation. Community hospitals have increasingly engaged in academic missions by partnering with medical schools to establish regional campuses to train more medical students and serving as the major contributors in the expansion of residency programs. Most of the 400 newly accredited residency and fellowship programs in the country were based in community hospitals, rural hospitals, and federally qualified health centers.³ Access to cut-

ting-edge clinical trials in the community hospital setting has been highly recommended and prioritized. Adding or broadening academic missions requires community hospitals to make concerted efforts to reallocate resources and adjust business strategies. Those strategies in research may include establishing an adequate infrastructure to conduct advanced clinical research and sophisticated sponsored clinical trials, developing robust research compliance monitoring mechanisms, recruiting established clinical researchers, and collaborating with academic institutions. However, community hospitals continue to face challenges in implementing the above strategies due to various constraints such as lack of resources, limited research infrastructure, lack of dedicated and highly trained personnel, growing clinical productivity pressure, and inadequate research compliance and integrity training and monitoring. These constraints can expose community hospitals to significant research integrity risk and could potentially result in research misconduct.

Threats to research integrity in a community hospital may also arise from the pressure placed on students, residents and faculty to publish and to compete with established academic medical centers or training programs. Students and residents in community hospitals applying for residencies and fellowships are likely to spend more time and effort to publish to increase their competitiveness. One study showed more than a fourfold increase in publications by gastroenterology fellowship candidates from 2009 to 2018.⁴ This type of pressure, associated with “publish or perish” mentality, has also permeated medical student education, leading to a recent call for ending the research arms race by reimagining the resident selection process.⁵ Accelerated use of artificial intelligence tools may have further fueled the culture and debate of “publish or perish”.⁶ In 2023, retracted research papers have reached an alarming record - more than 10,000,

Correspondence to Wei Du at Wei.Du2@towerhealth.org

Disclosure Statement: The authors have no conflicts of interest to declare.

causing significant concerns in the research integrity community.⁷ Therefore, the importance of educating both senior researchers and graduate level trainees on publishing integrity and best practices is paramount. In addition, community hospitals seeking academic transition must have clearly defined strategies and policies that not only promote and encourage scholarly output, but also ensure the publishing integrity. Deficiencies in providing adequate supervision of clinical research/trials or studies also can lead to research misconduct. A study examining misconduct in clinical trials showed that in contrast to other research fields, less experienced or junior research staff involved in clinical trials bore more burden of sanction for research misconduct, highlighting the importance of mitigating research misconduct risks by improving adequate supervision of less experienced research staff by the principal or senior investigators.⁸ Although earlier investigations on research integrity focused on individual factors such as personal attributes of investigators, recent evidence has suggested the research culture of a research institution as the central driver of research integrity. Therefore, it is critically important to focus on promoting, developing, and fostering the culture of research integrity.⁹

In summary, we argue that the importance of promoting and developing a culture of research integrity cannot be overstated for a community hospital seeking a successful transition to an academic environment. Community Hospitals should prioritize educating faculty, residents, medical students, and other clinical staff about research principles, ethics, compliance, and integrity. Community hospitals should identify the best benchmarking practices, establish a research integrity infrastructure, break down institutional silos, promote proactive research compliance approaches, and implement a quality assurance program. The priority should also include the assessment of research culture, policy development, training of investigators on ethics, increased awareness of research misconduct investigations, and resolution of formal disputes. Training on responsible research mentoring, supervision, data handling, authorship, and communication should also be part of the above efforts.

REFERENCES:

1. Phogat, R., Manjunath, B. C., Sabbarwal, B., Bhatnagar, A., Reena, & Anand, D. (2023). Misconduct in Biomedical Research: A Meta-Analysis and Systematic Review. *J Int Soc Prev Community Dent*, 13(3), 185-193. https://doi.org/10.4103/jispcd.JISPCD_220_22
2. Gupta, A. (2013). Fraud and misconduct in clinical research: A concern. *Perspect Clin Res*, 4(2), 144-147. <https://doi.org/10.4103/2229-3485.111800>
3. ACGME. (2023). ACGME Data Resource Book. Retrieved from ACGME: <https://www.acgme.org/about/publications-and-resources/graduate-medical-education-data-resource-book/>
4. Imam, Z., & Cappell, M. S. (2019). Increased average number of medical publications per interviewee from 2009 to 2018: a study of 100 interviewees to an academic gastroenterology fellowship program. *BMC Med Educ*, 19(1), 402. <https://doi.org/10.1186/s12909-019-1841-2>
5. Elliot, B., & Carmody, J. (2023). Publish or Perish: The Research Arms Race in Residency Selection. *J Grad Med Educ*, 15(5):524-527.
6. Anderson, R., Vines, T., & Miles, J. (2023, June 27). SSP Conference Debate: AI and the Integrity of Scholarly Publishing. Retrieved from The Scholarly Kitchen: <https://scholarlykitchen.sspnet.org/2023/06/27/ssp-conference-debate-ai-and-the-integrity-of-scholarly-publishing/>
7. Van Noorden, R. (2023). More than 10,000 research papers were retracted in 2023 - a new record. *Nature*, 624(7992), 479-481. <https://doi.org/10.1038/d41586-023-03974-8>
8. Reynolds, S. M. (2004). ORI findings of scientific misconduct in clinical trials and publicly funded research, 1992-2002. *Clin Trials*, 1(6), 509-516. <https://doi.org/10.1191/1740774504cn048oa>
9. De Peuter, S., & Conix, S. (2023). Fostering a research integrity culture: Actionable advice for institutions. *Science and Public Policy*, Volume 50, Issue 1, February 2023, Pages 133–145.