

Commentary Promoting the Purpose of Academic Department Research the Establishment of a Translational Medicine Center

James Artaud*Department of Translational medicine,
Australia**Corresponding author:** James Artaud

Abstract

However, the function of a multidisciplinary center within the framework of a single academic department has received little attention. The Center for Translational Medicine was established in 2003 by Jefferson Medical College's Department of Medicine in order to create a program of excellence in research, link basic research with clinical research programs, improve trainee education, maximize space and resources, and facilitates multidisciplinary research. In this section, we demonstrate the Centre's success and describe its structure. The Centre's development has resulted in an increase in total funding, an increase in the number of students and residents conducting translational research, a more efficient use of space, the creation of multidisciplinary research projects, and a significant increase in the number of individual and programmatic grants funded by the federal government. The department and the university have benefited significantly from the Centre's establishment, despite its challenges.

Keywords: Academic departments; Centers of Excellence; Translational medicine

Received: 28-Jan-2023, Manuscript No. Iptb-23-13491; **Editor assigned:** 30-Jan-2023, Pre-QC No. Iptb-23-13491 (PQ); **Reviewed:** 13-Feb-2023, QC No. Iptb-23-13491; **Revised:** 16-Feb-2023, Manuscript No. Iptb-23-13491 (R); **Published:** 23-Feb-2023, DOI: 10.36648/2172-0479.14.2.285

Introduction

Teams of investigators who frequently congregate around a single or group of core facilities that support their research efforts have replaced the single investigator working with a relatively small group of postdoctoral fellows, graduate students, and research assistants [1]. An "interdisciplinary" team is one with faculty from multiple disciplines working on the same project, while a "multidisciplinary" team is one with faculty from multiple disciplines working independently on different aspects of the project. Numerous research "centers" and "institutes" have been established at academic medical centers all over the United States as a result of the formation of multidisciplinary and interdisciplinary teams of researchers [2]. Numerous institutions have established institution-wide Centers for Translational Medicine as a result of the development of a National Institute of Health mandate for the establishment of Centers for the Clinical and Translational Sciences. The findings of a survey of 604 such centers and institutes at research-intensive universities

were presented by Mallon and Burt in the year [3]. The value of establishing a research center within the framework of a single department has not been the subject of any studies. A medical school, which is made up of between 10 and 15 distinct divisions, can be thought of as a miniature version of a department of medicine; a single division might be larger than the majority, if not all, of medical school departments. In the past, department chairs have attempted to establish research programs in each department division, but these programs frequently had little intellectual or scientific interaction [4]. We established a centralized center to support and nurture departmental research five years ago, reorganizing the structure of our Department of Medicine's research: The Translational Medicine Center. We hypothesized that the establishment of a Center for Clinical and Translational Sciences would improve the department's research output in the following ways: establishing a connection between the activities of the department's research and the department's and the medical centre's strategic clinical goals, making it easier for academic clinicians, basic scientists, and the practice community

 Artaud_j9@gmail.comDepartment of Translational medicine,
Australia

Citation: Artaud J (2023) Commentary Promoting the Purpose of Academic Department Research the Establishment of a Translational Medicine Center. *Transl Biomed*, Vol. 14 No. 2: 110.

to interact with one another, and making the most of cutting-edge technology [5]. Also getting rid of the silo mentality that had created small but independent research fiefdoms and empires within the department and providing a platform for scientific interaction to make it easier for all researchers, regardless of their organ of interest, to exchange ideas and technology.

The Department's Research Program's Reorganization

The specialties of haematology, nephrology, endocrinology, pulmonary and critical care medicine, infectious disease, rheumatology, and cardiology were the recipients of these honours. However, the majority of grants were distributed across one of three silos: There were a total of six RO1s from three researchers working in infectious diseases, four from three researchers working in rheumatology, and seven from six researchers working at The Cardeza Center for Hematologic Research [6]. The faculty in the various divisions did not collaborate on grant applications or publications in the peer-reviewed literature, indicating that each of these silos functioned independently with virtually no interaction of a technical or intellectual nature. Red cell abnormalities, hematologic malignancies, bleeding, and haemostasis were just some of the topics that individual Cardeza researchers investigated, despite the fact that the Cardeza Centre's primary focus was on haematology research [7]. Even though one of the researchers in rheumatology was a part of a program project grant that was housed in another department, there were no program project grants in the Department of Medicine. We started building the Center for Translational Medicine in 2002 so that the Department of Medicine could have a central location for expanding research [8]. The objective was to hire people based on their excellence in translational research rather than their specialization. The open-plan construction of the Center allowed for maximum adaptability and facilitated interactions between researchers, students, and staff. A genomics and gene discovery core, a gene transfer core, and a molecular imaging core made up the Center. And a core in cell biology and physiology, Endocrinology and infectious diseases research programs were able to move into the same building as the Center for Translational Medicine and the Cardeza Center for Haematology Research thanks to additional space that was provided adjacent to the new Center. This allowed all departmental research to be conducted in a single facility [9].

Shortly before the construction was finished, three important leadership positions were filled: a director of the Clinical and Outcomes Research Program, a clinical director of the Center, and a director of the Center [10].

Discussion

He was first, and he had the majority of centers. He was called modest or marginal. Because they lacked substantial resources and had no control over faculty appointment and compensation, small centers had to collaborate with academic departments and other centers to achieve their goals and mission. The second type of center was characterized as having a significant role in the organization and governance of the medical school and university researchers who crossed departmental lines, direct reporting to a university president or provost, a large staff, substantial financial resources, and a high level of institutional prestige and visibility. This type of center only represented 10–15% of centers. Twenty or fewer faculty members and ten or fewer professional researchers, postdoctoral appointees, and graduate students made up three quarters of all centers. The average size was more than 20,000 square feet and the funding was \$5.3 million on average. We report the first departmental-based center for translational medicine, to the best of our knowledge. One way to look at our experience with a translational medicine center in a medical school or university is to look at the larger observations of research centers. The successful establishment of a center is dependent on institutional support and dedication, as is the case with successful university-based centers. Without the strong commitment of the University President and the Dean of the College of Medicine, our Center would not have been successful. The Medical College provided the capital for equipping the core facilities with cutting-edge technology and packages for initial recruitment efforts, while the University funded the space's construction. However, the Centre's success in obtaining grant support from Federal agencies, development efforts, on-going support from existing endowments that were tasked with supporting the Center, and departmental funding have supported the Centre's growth. The Center has more faculties, receives more extramural funding, and occupies a larger space than the typical institutional center despite being department-based. In addition, despite being a part of the Department of Medicine, the Center has attracted a lot of attention through publications from universities, medical schools, and departments, as well as fundraising events.

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