

# ESTABLISHING A PROJECT MANAGEMENT COMMUNITY OF PRACTICE (PMCoP) IN A LARGE ACADEMIC HEALTH SYSTEM

Marcus R. Johnson, MPH, MBA, MHA<sup>1</sup>, Jean Bolte, MSN, RN<sup>2</sup>, Timothy Veldman, PhD<sup>2</sup>, Lynn Sutton, MS, MAEd, PMP<sup>2</sup>

<sup>1</sup>Durham VA Health Care System - Durham, NC, <sup>2</sup>Duke University School of Medicine - Durham, NC



## Background

An organization’s ability to accomplish its mission is often contingent upon its collective capacity to execute projects and/or initiatives in a timely and organized manner. Project management has a critical role in the delivery of projects within designated timelines, budgets, and defined quality.

Duke University, in its entirety, comprises both its university campus and a growing health system. The organizational complexity of this enterprise necessitated the creation of a shared resource and platform for project managers across the institution to come together to share ideas, best practices, network, and engage in opportunities for professional development to better support the University’s research mission.

In this poster, we describe the development and implementation of the Project Management Community of Practice (PMCoP) at Duke University with the hope that our experience of identifying opportunities, navigating challenges, understanding lessons learned, and achieving successes might serve as a useful template for other similar academic medicine institution (Figure1). Specifically, we highlight our approach from an academic research perspective, discuss outcomes and achievements to date, and discuss next steps for continued engagement and growth for a sustainable PMCoP model at Duke.

## Aim

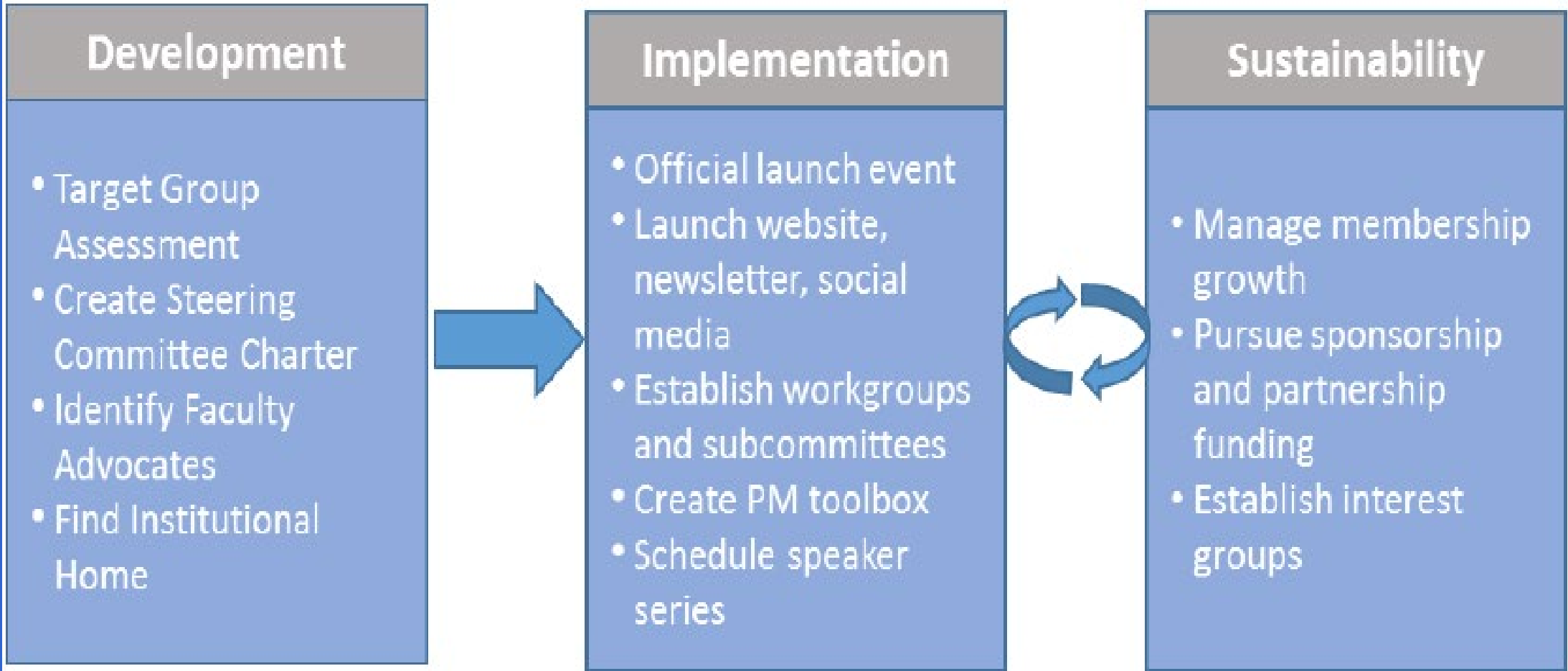
The mission of the Duke PMCoP is to provide a professional network for project managers including professional development activities; education and training for students, faculty, and staff; and a repository for best practices, tools, and resources in project management.

## Methods

In November 2016 several of the eventual Steering Committee members were working to organize project managers (PMs) in their respective groups for support. This group began the process of outlining goals and objectives for creating a PM community, and these individuals became the nascent Steering Committee. Additional steps for the development of the PMCoP are listed below:

1. Identification of a target group for initial community membership. This was accomplished through a review of Duke position descriptions to identify those that contained a significant number of project management-related components (Table 1).
2. Identification of faculty champions that would advocate to leadership and other stakeholders across the institution on behalf of the PMCoP.
3. Identification of an institutional home that would provide support in terms of start-up effort and resources. The Duke Clinical & Translational Science Institute (CTSI) agreed to serve in this capacity and having its support allowed the Steering Committee to leverage their website and the expertise of their communications specialists during the development and dissemination of PMCoP media content to the Duke community and the general public.

Figure 1: Duke PMCoP Development Process



## Methods

4. Establishing a formal PMCoP Steering Committee (SC) and creating a charter in February 2017 that defined the roles and responsibilities of the SC, described its composition, established Committee meeting schedules, and described procedures for decision-making.

Table 1. HR Position Titles with PM-related Roles

Table 1 HR Position Titles with PM-related Roles	Number of employees in any work area	Subset of employees in a health research related work area
Clinical Trials Project Leaders I-III	124	124
Program Coordinators	276	57
Program Coordinator, Senior	100	29
Project Planners I-II	32	22
Research Program Leaders	53	50
Research Project Manager, School of Medicine	19	19
Research Project Manager, University	10	8
Total	614	309

## Results

The Duke PMCoP has evolved into an active and robust community on the Duke campus and is currently comprised of 412 members across Duke University, Duke University Health System, the DVAHCS and other institutions. Additional outcomes from our initial efforts include the following:

1. Establishment of professional development opportunities and resource
2. PMCoP website and social media development

## Results

3. Development of the following subcommittees:

- A) Membership/Volunteer** - New PMCoP member recruitment, membership listserv maintenance, review and reporting of member survey data, PMCoP subcommittees volunteer matching, and solicitation of additional volunteers as needed.
- B) Programming** - Development of monthly program plans and schedules, presenter recruitment, help special interest group development, and program evaluation and reporting.
- C) Communications** - Provide strategic marketing and communication to increase awareness of the Duke PMCoP organization, events, and resources.
- D) PM Toolbox** - Identification and cataloging of existing project management tools and resources for users to explore and locate the needed tools and resources required to facilitate the successful execution of projects.

## Conclusion/Next Steps

Moving forward, our focus is to sustain and grow the community to achieve recognition as the primary resource for project management expertise, education, training, and mentorship across campus.

We want to retain engagement with our current members while continuing to recruit new members. Ongoing evaluation of our membership demographics will be important to facilitate membership that is representative of all the segments of project management professionals campus-wide. To ensure the community is responsive to its members’ needs, an annual survey has been distributed to the membership to elicit their feedback and suggestions.

We must also ensure that there is a plan for financial sustainability in place including annual budgeting, solicitation of sponsorship funding, and would also like to network with PM communities in other academic settings and particularly with fellow CTSA institutions.

## Acknowledgements

This work was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR002553. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. The other current members of the Duke Project Management Community of Practice Steering Committee are as follows: Mary Trabert, MBA, CAPM, Mary Ellen Matta, PMP, Chris Todd, MPH, Emily Miller, PhD, and Christian Stephens PMP. We would also like to thank former Steering Committee members Ana Sanchez, PhD, Megan Lott, MPH, RD, Joanna Downer, PhD, and Christine Purchell, CPLP, PMP, as well as Vonda Rodriguez, PhD, PMP, who previously served as Chair for the Steering Committee, and lastly Ashley Lennox, PhD, who previously served as an intern with the Committee.