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ADAPTING KEMP'S MODEL FOR RESEARCH MANAGEMENT UNIT SET UP

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ABSTRACT

What is new?	This paper addresses the need to institutionalize research support at SVS Medical College, Mahabubnagar, by establishing a Research Management Unit (RMU) using Kemp's instructional design model, tackling challenges like limited funding, low faculty research awareness, and administrative hurdles. Its originality lies in adapting an educational model (Kemp's) to research management, providing a novel framework for medical institutions to enhance research culture and output.
What was the approach?	The research was conducted at SVS Medical College & Hospital, Telangana, India from January 2023 to August 2024, using Kemp's nine-step instructional design model adapted for research management. The methodology involved a qualitative approach with stakeholder consultations (one-on-one discussions with 30 faculty heads), free listing, and pile sorting analyzed via Visual Anthropac software to identify challenges and solutions. Faculty feedback was collected using a five-point Likert scale

	questionnaire from 30 faculty members. Data sources included stakeholder responses, cognitive maps, and performance metrics like grant success rates and publication counts.
What is the academic impact?	The findings revealed key challenges in RMU establishment, including lack of research awareness, poor communication, low motivation, and negative perceptions, addressed through orientation workshops, institutional leadership support, and trust-building initiatives. Approximately 70% of faculty reported positive perceptions of RMU services, particularly in ethical permissions, grant notifications, and motivation. The paper contributes to Research Management and Administration studies by demonstrating the applicability of Kemp's model as a structured, adaptable framework for managing research processes to enhance research efficiency and output.
What is the wider impact?	The implications for research and management practitioners include a blueprint for establishing RMUs in medical institutions, emphasizing leadership commitment, stakeholder engagement, and strategic resource allocation. The RMU's success in improving grant awareness, ethical compliance, and faculty motivation suggests potential to enhance research culture, streamline processes, and increase funding success, benefiting institutions aiming to elevate their research profile. However, further validation through metrics like project initiations and publications is needed to confirm long-term impact.
Keywords	Research Management Unit; Research Administration; Kemp Instructional Design Model; Medical Education; Institutional Research Support

INTRODUCTION

Research is considered as one of the indicators of progress and development. It is a difficult academic task. As per the National Medical Council of India (National Medical Commission, 2022), there should be at least four publications in the indexed journals per faculty member and completion of the basic research course for the promotion of the medical faculty. Thus all academicians and clinicians are encouraged in research activities. With the competitive pressure on academics, they are expected to publish or face career stagnation. Faculty members are evaluated or promoted based on their research profile in India. On the other hand, faculty members feel that they are not motivated and they are unable to spare time for research. To address these challenges, the institution needs to provide and create an environment in which research of all kinds can flourish. Establishing

a Research Management Unit can provide the solution for most of the challenges faced by the faculty. This can provide opportunities of motivation mechanism and continuously encourage faculty members to be involved in the conduct of research. This can also help the campus research management to formulate strategies and support systems that would address the challenges encountered and implement viable research policies in undertaking relevant research activities. Furthermore, because our institution had prior experience adapting Kemp's model to medical education initiatives (Padugupati et al., 2021), adopting this familiar framework facilitated institutional buy-in and smoother operational execution. Our aim was to establish a Research Management Unit (RMU). Our objective was to address the challenges faced during the establishment of the RMU and to obtain the feedback from the faculty after receiving the services from the RMU.

MATERIAL AND METHODS

The study was conducted at SVS Medical College & Hospital, Telangana state, India during the period from January 2023 to August 2024. We have followed the Kemp Instructional Design model (Padugupati et al., 2021; Morrison et al., 2019) for the RMU framework and its functions. It's a nine-step process for planning, training and development of initiatives. This is summarized in Figure 1.



Figure 1: Kemp's Model

The Kemp instructional design model, originally developed for educational settings, consists of nine iterative phases: Identify instructional problems; Define learner characteristics; Establish task analysis; Define instructional objectives; Sequence content; Design instructional strategies; Plan instruction delivery; Develop evaluation instruments; and Select resources. The rationale for adapting the Kemp Model to Research Management is that the Kemp model's strength lies in its learner-centered, iterative, and flexible approach, which aligns with the dynamic nature of research management.

By adapting the Kemp model, a research management unit can create a structured yet adaptable framework to enhance efficiency, align projects with institutional goals, and ensure effective dissemination. The educational components of the Kemp model (e.g. student profile, pedagogical strategies) translate to research management as follows.

Student profile becomes the stakeholder profile (e.g. researchers, funding agencies), guiding resource allocation and communication strategies. Pedagogical strategies transform into project management methodologies, such as agile or waterfall approaches, tailored to research tasks. Instructional delivery aligns with research execution and dissemination; ensuring outputs reach intended audiences effectively. This adaptation leverages the model's systematic design to address the complexity of research management, which involves juggling multiple projects, budgets, and timelines while fostering collaboration and innovation.

1. Identify Instructional Problems → Identify Research Management Needs

Adaptation: In education, this phase identifies gaps in learner knowledge or skills. In research management, it involves pinpointing inefficiencies or challenges in project execution, funding, or dissemination.

Implementation: A research management unit conducts a needs assessment through surveys and interviews with faculty and administrators, revealing issues like delayed grant submissions, poor interdepartmental collaboration, and ineffective dissemination of research outputs. The unit prioritizes these problems to focus on streamlining grant processes and improving communication.

Rationale: This phase ensures the research management framework targets real-world challenges, aligning efforts with institutional priorities.

2. Define Learner Characteristics → Define Stakeholder Profiles

Adaptation: Instead of analyzing students' learning styles or backgrounds, this phase profiles key stakeholders—researchers, funding agencies, institutional leaders, and end-users of research outputs (e.g. policymakers, industry partners).

Implementation: The unit creates detailed profiles of its researchers, noting their disciplines (e.g. STEM vs. humanities), experience levels, and preferred communication channels (e.g. email vs. workshops). For funding agencies, it documents preferences for proposal formats or reporting requirements. These profiles inform tailored support, such as discipline-specific grant writing workshops or streamlined reporting templates.

Rationale: Understanding stakeholder needs ensures resources and support is allocated effectively, mirroring how learner profiles guide educational design.

3. Establish Task Analysis → Conduct Research Process Analysis

Adaptation: Task analysis in education breaks down learning objectives into specific skills. In research management, it involves mapping the research lifecycle—idea generation, proposal development, project execution, and dissemination.

Implementation: The unit maps the grant application process, identifying tasks like literature review, budget planning, and compliance checks. It also analyzes dissemination tasks, such as publishing papers or presenting at conferences. This map highlights the delays in ethics approvals, which the unit addresses through process automation.

Rationale: A detailed process analysis ensures all research management tasks are accounted for, facilitating efficient project planning.

4. Define Instructional Objectives → Set Research Management Goals

Adaptation: Educational objectives become measurable goals for research management, such as increasing grant success rates, reducing project delays, or enhancing dissemination impact.

Implementation: The unit sets SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals, such as 'Increase grant approval rates' or 'Reduce project initiation delays through standardized templates'. These goals guide resource allocation and performance evaluation.

Rationale: Clear goals provide a roadmap for research management, ensuring alignment with institutional and funder expectations.

5. Sequence Content → Prioritize and Sequence Research Activities

Adaptation: Sequencing content in education ensures logical progression of learning. In research management, it involves prioritizing and scheduling tasks based on project timelines, dependencies, and resource availability.

Implementation: For a multi-year research project, the unit sequences tasks: Year 1 focuses on literature review and pilot studies, Year 2 on data collection, and Year 3 on analysis and dissemination. Tracking progress, ensuring critical milestones (e.g. ethics approvals) are met before data collection begins.

Rationale: Proper sequencing prevents resource overuse and ensures timely project completion, akin to how content sequencing optimizes learning.

6. Design Instructional Strategies → Develop Project Management Methodologies

Adaptation: Pedagogical strategies are replaced by project management methodologies tailored to research tasks, such as agile for iterative projects or waterfall for linear ones.

Implementation: For a collaborative, interdisciplinary project, the unit adopts an agile approach, holding biweekly sprints to review progress and adjust tasks. For a grant proposal, it uses a waterfall method, completing each section (e.g. budget, timeline) sequentially. Training sessions are offered to researchers on these methodologies.

Rationale: Tailored methodologies enhance efficiency and adaptability, much like pedagogical strategies optimize learning outcomes.

7. Plan Instruction Delivery → Plan Research Execution and Dissemination

Adaptation: Delivering instruction translates to executing research tasks and disseminating outputs to stakeholders, such as through publications, conferences, or policy briefs.

Implementation: The unit develops a dissemination plan for a public health study, including peer-reviewed articles for academic audiences, infographics for policymakers, and community workshops for local stakeholders. It also coordinates project execution by assigning roles (e.g. data analyst, communications lead) and monitoring progress via regular check-ins.

Rationale: Structured execution and dissemination ensure research outputs are impactful and reach intended audiences, similar to how instruction delivery engages learners.

8. Develop Evaluation Instruments → Create Performance Metrics

Adaptation: Evaluation in education assesses learner progress, while in research management it measures project success, resource utilization, and dissemination impact.

Implementation: The unit develops key performance indicators, such as grant success rates, publication counts, and citation metrics. It also tracks qualitative feedback from stakeholders via surveys to assess satisfaction with support services. These metrics are reviewed quarterly to refine processes.

Rationale: Robust evaluation ensures accountability and continuous improvement, paralleling how assessments drive educational quality.

9. Select Resources → Allocate Research Resources

Adaptation: Selecting instructional materials becomes allocating resources like funding, personnel, and infrastructure to support research activities.

Implementation: The unit allocates budget for a project by prioritizing high-impact tasks, such as hiring a statistician for data analysis over non-essential travel. It also secures access to specialized software (e.g. SPSS) and negotiates with funders for additional resources when needed.

Rationale: Strategic resource allocation maximizes research output, similar to how resource selection enhances learning environments.

The structure of the RMU is summarized in Figure 2.

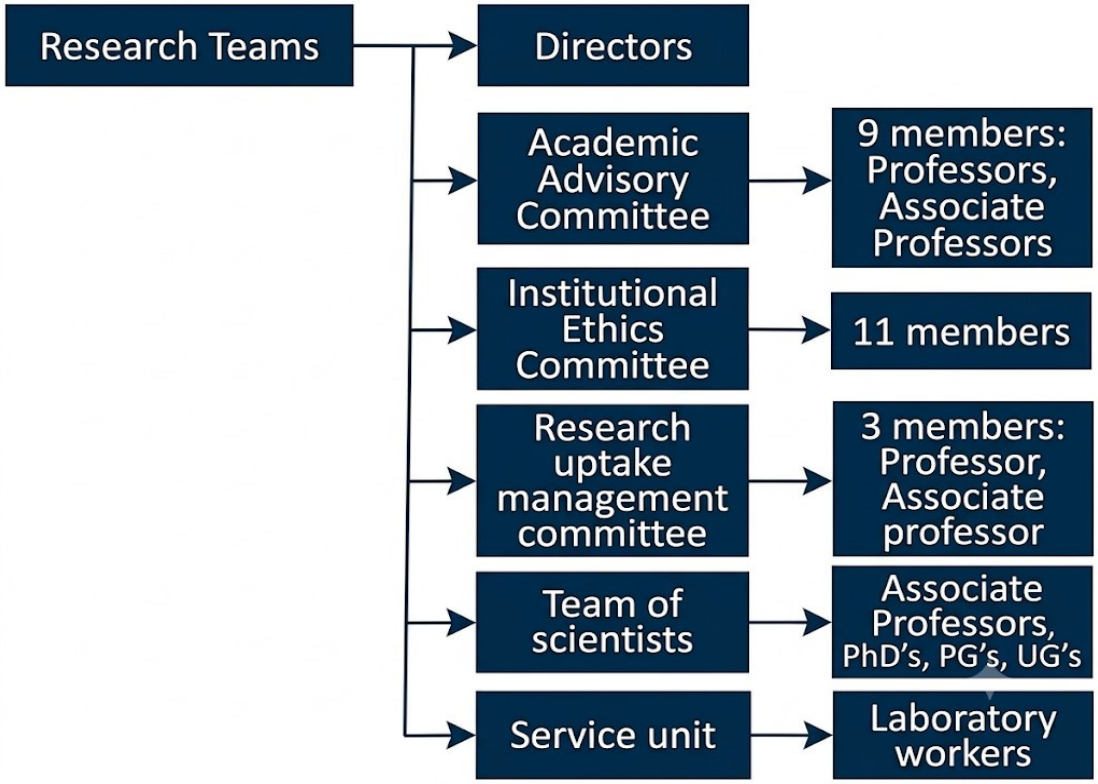


Figure 2: Structure of the RMU

Needs analysis was done by one-on-one discussion with 30 faculty members, who are the heads of the departments and senior Professors (in addition to the HoDs) of both clinical and non-clinical departments. Challenges faced during the establishment of the RMU and the solutions to overcome these were assessed by a qualitative approach, i.e. free listing and pile sorting using Visual Anthropac software. The free listing and pile sorting method has been adopted in different settings in the field of medicine (Auriemma et al., 2015; Jonas et al., 2015; Yeh et al, 2014). Free listing was used to identify the challenges faced and the suggestions that have been incorporated to overcome the existing challenges during establishment of RMU.

At the start of the interaction, a brief instruction was given to the participants about what was expected of them. The research questions were read to the participants one after the other, and it was ensured that they understood the question. Participants were given the option to either state their responses verbally (which were recorded verbatim by the primary investigator) or record their responses independently in writing. The responses obtained from the participants were analyzed using the Visual Anthropac software to identify those items that were prominent and representative of the cognitive domain. The Smith's Salience Score was calculated, and depending on the cut-off observed, salient variables were selected for the next step of pile sorting.

For the first research question, the perceptions of the participants about the existing challenges for establishment of the RMU, a total of 30 responses were obtained from 30 respondents. The overlapping responses were excluded and 23 responses were then fed into the Visual Anthropac software. A Smith Salience Score of < 0.1 was taken as the

cut-off and 17 salient variables (after excluding the overlap responses) were selected (see Table 1) and eventually subjected to the second stage of pile sorting.

Table 1: Challenges during establishment of the RMU

No.	Item	Salience value
1.	No idea about RMU	0.240
2.	No time for research	0.181
3.	Less importance for researchers	0.143
4.	Fear of copying	0.261
5.	Culture of hierarchy	0.181
6.	Researchers do not need assistance	0.173
7.	Not ready for the change	0.140
8.	Lack of motivation	0.130
9.	Disrespectful to seek help from eligible junior faculty	0.101
10.	Fear of losing the credit	0.112
11.	Wants direct access to the Dean	0.106
12.	Clinicians do not need to do research	0.102
13.	Administrative burden	0.123
14.	Interdisciplinary collaboration	0.102
15.	Update to the latest technology	0.061
16.	Sustainability in the field of research	0.004
17.	Meeting the expectations of regulatory compliance in research	0.002

For the second research question, suggested solutions to overcome the challenges, a total of 30 responses were obtained from 30 respondents, which were then fed into the Visual Anthropac software. A Smith Salience Score of < 0.1 was taken as the cut off and 16 salient variables (after excluding the overlap responses) were selected (see Table 2) and eventually subjected to the second stage of pile sorting.

Table 2: Suggestions incorporated to overcome the challenges

No	Item	Salience value
1.	Getting the heads of institution to address the heads of department	0.352
2.	Orientation program about RMU	0.141
3.	Identifying one faculty member from each department for communication	0.300
4.	One-on-one discussions	0.155
5.	Building trust by working with them	0.183
6.	Conducting frequent meetings with faculty	0.133
7.	Sparing time for doubts and clarification from the stakeholders	0.106
8.	Dissemination of the information from RMU accurately	0.140
9.	Executing the pre-award services	0.100
10.	Executing the post-award services	0.111
11.	Motivating the faculty in a timely manner	0.104
12.	Arranging a session for token of appreciation	0.110
13.	Notifying the faculty on a regular basis	0.102
14.	Collecting feedback from faculty	0.032
15.	Revisiting or improving the work from RMU	0.060
16.*	Outreaching to other institutions and collaboration	0.040

*Note: Item 16 ("Outreaching to other institutions and collaboration", Salience = 0.040) recorded a low salience score below the spatial clustering threshold and was excluded during final 2D cognitive mapping in Visual Anthropac. Consequently, Figure 4 features the 15 mapped primary salient items, maintaining complete numerical consistency between Table 2, Figure 4, and the manuscript text.

Pile sorting was done to establish a relationship between the identified key aspects. The free pile sorting method was adopted for the current study where the pile sorting was done on a one-to-one basis. The identified salient items were written on the cards (front side), while on the back-side reference numbers were written to enable data entry. All the cards with the item name were placed in front of the participant and they were asked to group them together using their own criteria. Once the groups were formed, they were asked to explain why they grouped them in that particular way, and their responses were

recorded in the recording format. Also, each time, the pack of cards was shuffled before giving to the next participant. The participants were allowed to rearrange the piles. The obtained results or categories were again subjected to analysis using the Visual Anthropac software, and cognitive maps were drawn to identify a meaningful relationship between the salient variables.

The first cognitive map (Figure 3) revealed the distribution of the challenges, and the second cognitive map (Figure 4) depicted the solutions to overcome the existing challenges. Feedback was received from the 30 faculty through a feedback form (a five-point Likert scale questionnaire) regarding their experience after availing the RMU services. The results were analyzed and are depicted in Figure 5.

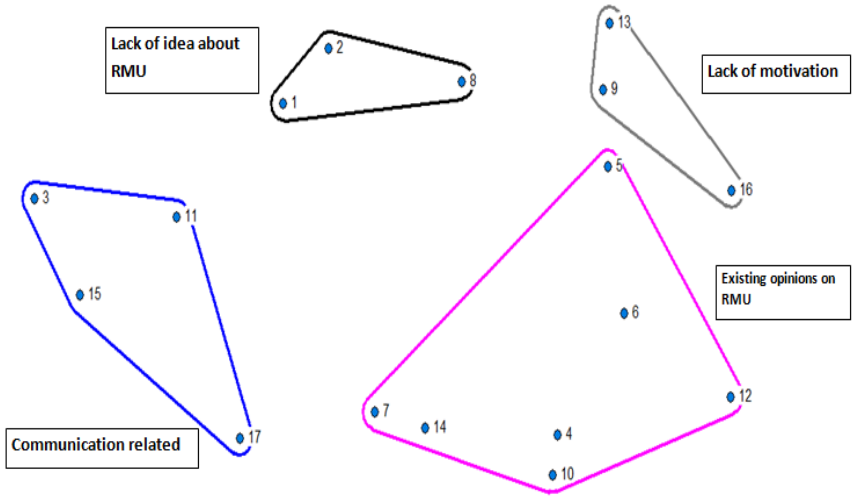


Figure 3: Challenges faced during establishment of the RMU

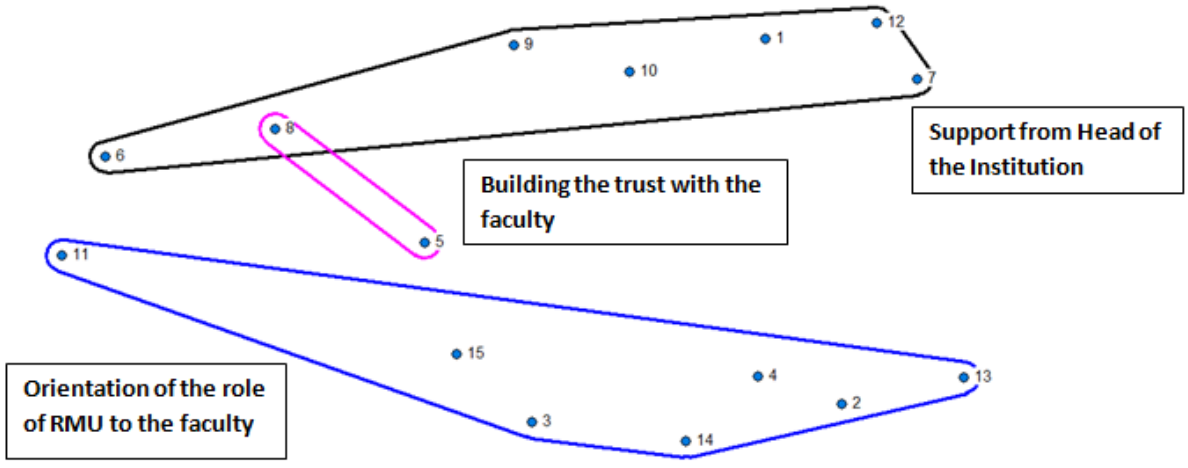


Figure 4: Suggestions incorporated to overcome the challenges

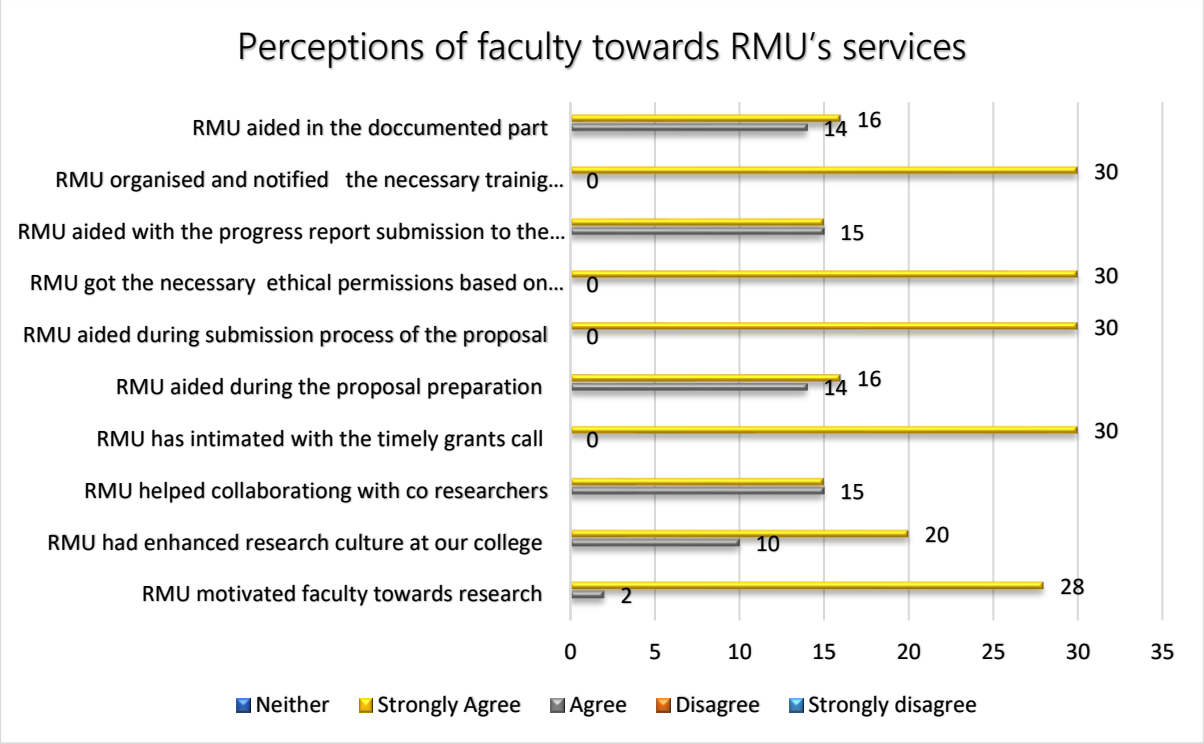


Figure 5: Perceptions of the faculty towards RMU's services

DISCUSSION

The establishment of a Research Management Unit (RMU) at SVS Medical College, Mahabubnagar, represents a proactive step towards strengthening the research ecosystem within the institution. A major challenge was the lack of awareness and research culture among faculty and postgraduate students. Despite the presence of academically capable staff, research was often not prioritized due to heavy clinical responsibilities and insufficient exposure to research methodology and publication processes. In addition, the absence of a centralized structure to coordinate research activities led to fragmented efforts and missed opportunities for interdisciplinary collaboration and funding applications.

Thirty faculty members participated for one-on-one discussion and have agreed for the necessity of research management unit to enhance the research culture. Figure 1 describes the Kemp's model nine-step approach for the RMU framework and establishment process.

Adapting the Kemp instructional design model to research management is both justified and effective when its educational components are systematically mapped to research functions. By analyzing stakeholder needs, sequencing tasks, tailoring methodologies, and evaluating outcomes, the model provides a robust framework for managing complex research projects. This adaptation enhances the unit's ability to plan, allocate resources, and disseminate research effectively.

Discussion of Faculty Perceptions and Impact

Figure 2 shows the structure of the RMU. Figure 3 and Table 1 summarize the challenges faced during the establishment of the RMU. The diagram uses a network of interconnected nodes (numbered 1 to 17) grouped into four distinct clusters, each representing a category of challenges. These clusters are color-coded and connected by lines, suggesting relationships or dependencies among the challenges. Nodes/dots (1-17) represent specific issues or points of concern. Clusters are grouped by themes, each outlined and shaded in a distinct color.

Lack of idea about RMU (Black outline; Nodes 1, 2, 8): This cluster highlights a fundamental lack of understanding or awareness about the purpose, structure, or role of the RMU. It includes a broader confusion or gap in knowledge among stakeholders about the RMU operations or benefits. This may lead the stakeholders to resist its establishment or to fail to utilize it effectively. This could stem from inadequate initial training or outreach during the set-up phase (Igiri et al., 2021).

Communication related (Blue outline; Nodes 3, 11, 15, 17): This cluster addresses issues tied to ineffective or insufficient communication, a critical factor in coordinating a new unit like the RMU. It includes a specific communication breakdown, such as unclear instructions or lack of regular updates, which could indicate issues with interdepartmental or team communication, and might reflect challenges in disseminating information about the RMU processes or policies. It possibly points to a failure in feedback loops between RMU staff and users, could involve external communication issues such as with funding agencies or external partners, and might suggest delays or inefficiencies in communication channels (Givens, 2016). This can hinder collaboration and delay decision-making.

Lack of motivation (Grey outline; Nodes 9, 13, 16): This cluster focuses on the lack of drive or incentive among stakeholders to support or engage with the RMU. It might represent an initial disinterest or skepticism about the RMU's value, could indicate a lack of personal or institutional incentives (e.g. recognition, funding tied to RMU use), likely a critical point, possibly linking to external factors (existing opinions) affecting morale. Low motivation could result from unclear benefits, insufficient resources, or resistance to change (Chlan, 2009).

Existing opinions on RMU (Pink outline; Nodes 4, 5, 6, 7, 10, 12, 14): This cluster reflects pre-existing perceptions or attitudes toward the RMU, which may influence its acceptance or effectiveness. This links to communication, suggesting opinions are shaped by poor information flow, connects to motivation, indicating that negative opinions may reduce enthusiasm, could represent a core belief or stereotype about the RMU (e.g. it is bureaucratic or unhelpful), might reflect interdepartmental views affecting collaboration, could involve opinions on RMU policies or processes, may point to external stakeholder opinions (e.g. funders or industry partners). Pre-existing negative opinions could stem from past experiences with similar units or misinformation (Igiri et al., 2021). Addressing these through targeted communication and demonstrated value could shift perceptions.

Connections: Nodes indicate interactions or dependencies between challenges within and across clusters. The clusters are interconnected (interconnections refer to proximity and shared border boundaries between cluster polygons in the Anthropac multidimensional scaling map), with communication serving as a central challenge influencing all others. This suggests that improving communication could address multiple issues simultaneously. This analysis provides a comprehensive understanding of the challenges depicted, offering a foundation for addressing them during RMU establishment.

Discussion of Institutional Challenges

Figure 4 and Table 2 show the suggestions incorporated to overcome the challenges, and illustrate strategies implemented to address the challenges faced during the establishment of the Research Management Unit (RMU), as previously discussed. It features two main clusters of suggestions, represented by interconnected nodes (numbered 1 to 15), grouped into orientation of the role of the RMU to the faculty (blue outline) and Support from Head of the Institution (black outline) and with an additional overlapping suggestion labeled building the trust with the faculty (pink outline).

Orientation of the Role of RMU to the Faculty (Blue outline; Nodes 2, 3, 4, 11, 13, 14, 15): This cluster tackles the knowledge gap by ensuring faculty understand and value the RMU, potentially boosting motivation and countering negative opinions through clear communication. Likely the starting point, possibly an initial workshop or seminar to introduce the RMU's role, could represent a detailed presentation or training session on RMU services (e.g. grant support, project planning), could involve follow-up meetings to address faculty queries or provide ongoing support, feedback session to refine the orientation process, might suggest documentation or guidelines distributed to faculty for reference (Igiri et al., 2021).

Support from Head of the Institution (Black Outline; Nodes 1, 6, 7, 9, 10, 12): This cluster emphasizes the institutional leadership's role in legitimizing and promoting the RMU, addressing challenges. Includes the Head's active participation, such as chairing RMU-related meetings, representing resource allocation or policy support from the Head, the Head advocating for the RMU to external stakeholders (e.g. funders) concluding action, such as a formal announcement or recognition of RMU achievements (Bao, 2018).

Building the Trust with the Faculty (Pink outline; Nodes 5, 8) This overlapping cluster focuses on fostering a positive relationship between the RMU and faculty, linking both orientation and support efforts to overcome trust-related challenges, representing initial trust-building activities, such as open forums or question and answer sessions. It could indicate pilot projects where the RMU assists faculty, demonstrating reliability, giving regular updates or success stories to reinforce trust. Trust is critical to counter skepticism and enhance motivation. This cluster bridges communication gaps and aligns with both faculty orientation and institutional support. (It connects initial faculty orientation (blue cluster) with top-down institutional leadership (black cluster). By focusing on active collaborative efforts—such as *"Building trust by working with them"* (Node 5) and *"Dissemination of information from RMU accurately"* (Node 8)—this cluster establishes

operational credibility. This relational bridge reinforces faculty buy-in, ensuring that administrative policy support translates into sustained faculty engagement.)

Communication (e.g. workshops, updates) serves as a unifying theme. This analysis details how the suggestions address RMU establishment challenges, offering a structured path forward.

Discussion of Implemented Solutions

The bar chart in Figure 5 illustrates faculty opinions on various services provided by the Research Management Unit (RMU). The chart uses a five-point Likert scale: "Strongly Disagree," "Disagree," "Neither," "Agree," and "Strongly Agree," represented by different colors (blue, yellow, gray, orange, and light blue, respectively).

16 members of faculty strongly agree and 14 members of faculty agree that the RMU assisted with documentation (e.g. reports or records), suggesting this is a well-received service. All the 30 faculty largely appreciated the RMU's efforts in organizing and communicating training sessions, indicating effective communication and planning in this area. The entire 30 faculty who participated agreed that the RMU helped with progress report submissions, but the lack of strong agreement suggests inconsistent support or varying reliance on this service (Igiri et al., 2021). The entire faculty strongly endorse the RMU's role in securing ethical permissions, indicating reliability and efficiency in this critical area (Research Management Centre, 2024). The entire 30 faculty strongly agreed that the RMU supported proposal submissions, suggesting robust assistance during a complex process (Research Management Centre, 2024). 16 members of faculty strongly agreed and 14 members of faculty agreed on RMU support during proposal preparation (Igiri et al., 2021), with strong agreement from a subset, possibly those who utilized the service extensively. The entire faculty strongly valued the RMU's timely notifications about grant opportunities, reflecting effective communication. 15 members of faculty strongly agreed and 15 members of faculty agreed that the RMU facilitates collaboration, but the lack of strong consensus suggests variable success or awareness. Faculty recognized the RMU's role in enhancing research culture (Chlan, 2009), though some remain neutral, possibly due to differing perceptions of "culture". Faculty strongly feel the RMU boosts their research motivation, indicating a significant motivational impact. The chart reflects a generally positive faculty perception of RMU services, with strong agreement on key areas like ethical permissions, grants notification, and motivation. However, moderate agreement and neutral responses in some services suggest opportunities to enhance awareness and consistency.

The feedback depicted in Figure 5 reflects a strongly positive overall perception of the RMU's support infrastructure. Faculty members unanimously agreed or strongly agreed (100%) that the RMU played a pivotal role in enhancing the institutional research culture, with zero neutral responses recorded for this category. High levels of satisfaction were similarly recorded for core functions, including obtaining ethical permissions, proposal submissions, and timely grant notifications. Neutral responses were restricted strictly to specific support areas—such as routine documentation assistance and interdepartmental

collaboration—reflecting varying individual faculty reliance on those specific unit services rather than dissatisfaction. These insights can guide the RMU in refining its approach to maximize impact and faculty satisfaction.

CONCLUSION

The research management unit has strategically enhanced research capacity, improved coordination and fostered innovation within the institution. With structured support for research activities ranging from grant acquisition to compliance and dissemination, the RMU had played a vital role in promoting a culture of research. The RMU has ensured that the resources have been optimally used, collaborations are effectively managed and outcomes align with institutional and national priorities. Stakeholder consultations and strategic solutions, including workshops and external collaborations, have fostered positive early perceptions, with approximately 70% of faculty agreeing on the RMU's role in enhancing motivation and grant awareness. The strong support from the management for the RMU's establishment has addressed most of the challenges. The services rendered by the RMU have motivated the faculty members towards research. Formulation of the strategies to address the challenges encountered and implement viable research policies to provide guidance in undertaking relevant research activities was the key for the improvement of research activities at our institution. As research environments become increasingly complex and competitive, the RMU will be central to sustaining growth, quality and impact in research endeavors. However, the study's impact remains preliminary. Going forward, reported metrics—number of projects initiated, publications produced, grants successes, faculty engagement rates in future studies—need to be evaluated.

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