



UCSF Staff at ZSFG: Recognizing and celebrating our community

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Clinical Research Coordinators and Managers assure that research is held to the highest ethical standards and the best experience possible for our patients. Navigating a complex regulatory system across UCSF and ZSFG, the research front line meets with families at their most vulnerable, when their family member is in the emergency department after a trauma or stroke. They work across decades to develop deep relationships with people suffering chronic injury or illness. These research personnel are the core to our mission to advance healthcare worldwide.

Leading this effort is Dominica Randazzo, who devotes endless energy to improving equity and diversity in research, streamlining research operations with a vision of patient-centric research for our most vulnerable populations, and creating a unified community among neuro-emergency and trauma research staff, who often partner around the same families. *(Catharine Freyer, Division Manager, UCSF Department of Neurology at ZSFG)*

What is your role? Tell us about your career journey.

As the research program manager for the UCSF Division of Neurology at ZSFG, I provide strategic and tactical guidance to conduct the clinical research of the highest quality. My amazing research team and I manage a robust portfolio of NIH, industry and investigator initiated clinical trials and observational research and specialize in the neuro emergency inpatient classification, such as stroke, traumatic brain injury and cardiac arrest. We recruit patients from ZSFG and UCSF Parnassus.



Like many clinical researchers, I wanted to go into medicine and to be a lifelong learner and educator. I landed a clinical research role while completing an undergraduate degree at UC Davis. It led me to UCSF and finally to UCSF at ZSFG. I quickly came to appreciate the dedicated and expert research staff needed to support a world class research enterprise. I knew that I had the opportunity to support and improve the way we do clinical research, ultimately bringing the best possible care to our patients. The ZSFG community and patient population is the

“The ZSFG community and patient population is a huge part of why I’ve stayed so long”

reason why I’ve stuck around so long. I am honored and proud to work at a place with an open-door policy that accepts every patient regardless of their insurance or immigration status. I feel a very strong sense of need and urgency to provide the very best care for our patients, including offering all patients the opportunity to participate in clinical research.

What is a typical day for you and your staff?

There's no typical day for me or my neuro emergency research coordinators. A day that could be filled with data collection and regulatory work could be derailed at any moment. We carry pagers that notify us of any stroke or trauma patients who come to the hospital, the only Level One Trauma Center in San Francisco. We check for all patients who were admitted with diagnoses relevant to our portfolio of studies. At any given time, we have between 7- 20 or more studies. For hyperacute research cases, such as a traumatic brain injury, we will drop everything, don our PPE, and meet the patient in the Emergency Room to screen them for research eligibility. We work with patients and their families on one of the worst days of their lives. I'm always so impressed by my research team's ability to navigate stressful clinical situations while maintaining top notch research thoughtfully and empathetically.

What is important to you in your role?

As a program manager, I work to develop best practices. We can and should radically streamline our research processes and make our funding work harder for us. We need to understand how to change those systems toward our goal of providing better care.

A direct example is the ZSFG CRC Research Collaboration team we formed with research coordinators from Neurology, Neurosurgery, Trauma, Anesthesia and Emergency Medicine. Our research teams used to be siloed, we independently recruited ICU patients with little to no communication between us. Patients complained because they were approached by multiple research teams asking questions. Nursing and clinical staff was inundated with requests for clinical information. For safety reasons we needed to know about and communicate all research occurring on the unit or with the patient. We developed a guide for a pragmatic research approach, created nursing resources, best practices for communication, informational binders that live on the unit, and in-service plans to update the teams. We have seen significant improvements in the relationships between the clinical and research teams and have enjoyed building a collaborative and fun research network for our staff. I also want to change how we communicate information to our patients and community. Some patients are skeptical about research, so our first interactions include education and a careful explanation about how research is optional and how safeguards are in place to make sure it is ethical. I strive to break down barriers and build trust with all patients to improve diverse and equitable research recruitment.



How has the pandemic affected your research processes?

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COVID-19 completely rocked us from the research perspective, especially studies of patients suffering from a neurological emergency. The COVID-19 impact on research has been a brutal catalyst for positive change. One example is speeding up the approval process for remote research, which will revolutionize the way that we recruit, enroll, follow up with our study participants and even provide care to them. Electronic consent signatures are now the standard. We now have the option to contact and interview patients by telephone and telehealth visits at the patient's convenience.

What opportunities have you experienced as a UCSF staff person?

Tons of opportunities. I recently participated as a panelist and mentor for SF BUILD (Building Infrastructure Leading to Diversity) an NIH funded workforce program between UCSF and SF State to prepare a more diverse pool of applicants to the clinical research enterprise. The [UCSF CRC Council](#) brings research staff together for research networking and education. I completed the SOM [Diversity Equity and Inclusion training](#) and participated in the [SOM Leadership Development Program](#). I contribute to the EPIC research build and participated on the Research and Academic Building committee for the clinical research space, a designated workspace for our patients. I'm so excited for the new building. It is a statement that says, "this is one of our missions, it is critical, and we are here to support you."

What would you like future clinical research coordinators to know?

I want to develop research coordination and management as a more robust career option. The CRC community has chronically been a steppingstone role to medical school, there are very few of us who stay in this role. In working at ZSFG, UCSF Health, and Benioff and international research consortiums, I have come to understand the scope of this role within hospital and academic systems. Research is the heart of advancement in medical science. Clinical research coordinators are the ones that do the important work that ultimately directs clinical care. Sky is the limit!

What are you passionate about outside your work?

My biggest passion that's not work-related at all is cooking. I love food and food culture and the way food brings about community and is a method of communication. My free time is generally spent cooking for friends and family, sharing meals and stories. I also love being outside, walking, exploring, and traveling. On one of my favorite trips, my best friend and I went to Vietnam, sampled the cuisine, and took in a lot of culture.

