

RESEARCH & SPONSORED PROGRAMS

Quarterly Newsletter for Current and New Researchers



SECOND QUARTER 2016

A Vision for Children's Research

By Mike Finch, Ph.D

RSP Research & Analytics Manager

I come from a research world where the watchword was: Publish or Perish. This mindset worked well for decades. But then things changed. Fields became more specialized. Methods became more sophisticated. New journals sprung up at astronomical rates, all too often driven by publishing houses seeking to increase revenue rather than relevance.

Let's admit it: Publishing isn't all that hard. We all know the list of journals where we want to publish, and we all know the list of journals where we *can* publish if the former turn us down.

So how do we move research forward at Children's beyond its current state?

First and foremost, research must become a priority for Children's -- and not just a paper priority. We need to ask the pivotal strategic question: What does success look like? This is governance issue. For any strategy to be successful, clarity of purpose is required.

While global, strategic questions still remain Children's can begin tackling the operational and cultural aspect of the program immediately.

Here are just a few of these:

- 1) First, we need a new metric to measure success. We need to move away from counting our publications, and instead to measuring their impact. Are our works cited by our peers? Do our publications serve as springboards for new ideas and new research?
- 2) Second, we need to move away from overweighting the importance of first and last author. The 'Great Man' ideal, my apologies to the women, is dead, if it was ever real. In the past, and to some extent even now, senior researchers have stood on the shoulders of their junior associates and junior associates on the shoulders of more junior associates. Today, the research process is far too complex for a single individual to take credit for the results of any serious study. It is the rare clinician that has keep abreast of the latest advances in methodology and statistics.

Statisticians keeping abreast of clinical advances are even rarer.

- 3) However, there are 2 corollaries to point 2.
Corollary 1: In funded research the Principal Investigator has the burden of being the final say on all operational and financial issues. Historical, they also had the final word on the intellectual product. The first is simply a legal and accounting fact. The second is a vestige of the Great Man concept. To move an organization forward, Principal Investigators need to involve the research search team as colleagues, while developing a culture that acquiesces to better data, better argument, and better ideas, not to seniority.

Corollary 2: We need to develop a culture of conducting research in teams - as peers and colleagues. It is only through working in teams that Children's can develop its current and future talent.

- 4) Third, great research is seldom a hobby. While research need not be a full time job, it is a job. Writing grants takes time. Developing a research team takes time. Funded research and the accompanying reporting requirements take time. So how do we incentivize, rather than penalize, those doing or wanting to do research? That means research needs to be treated like any other job, with protected time to undertake it.
- 5) In research, success breeds success. Simply put, senior researchers (read that as published and/or with history of competitive funding) need to assure that more junior members of their team are included as key personnel in their grants and have the opportunity to publish impactful aspects of the research -- and yes, that may mean as first author.
- 6) Corollary to point 5: A place that produces great research attracts great researchers.
- 7) Effective research requires an effective 'back room'. Adequate funding and sizing of the IRB, cost accounting and submission process will be essential in moving the ball forward.

Pivoting from this general agenda, we in Design and Analytics are addressing some of these points. We are already blessed with

Continued on page 2

Continued from page 1

both protected time and one of the best back rooms I have had the pleasure to work with. Recently, we have expanded our team to include experienced PhD-trained investigators in the fields of Economics, Epidemiology, Statistics and Sociology. We have also added Masters-trained talent in analytics.

Our short term vision is 4-fold:

- 1) To continue our historic role providing post hoc methodological and statistical consulting and assistance to all researchers at Children's. At the same time we are working to move our assistance upstream in the preparatory stages before the research actually gets underway.
- 2) To augment this role we provide support for grants and article submissions, such as by responding to reviewer comments.
- 3) To vigorously pursue investigator-initiated external grant funding. We have agreed as a team to pursue 2-3 grants in each of the NIH grant cycles and have actively been recruiting clinical and outreach partners throughout Children's to reach this goal.
- 4) To directly assist in the training of new clinical researches in the Children's community through participation in various Fellows programs at Children's.

Our long term vision is to leverage the team's talent to serve as the frontline in re-setting the goal posts for research at Children's by working more upstream with Children's excellent stable of clinical researchers and by expanding our own research to include the delivery, organization and cost of pediatric care in the Minnesota and throughout the United States.

We will always strive to publish cutting edge research in high impact journals and to obtain external funding to increase our impact on the larger research community while developing new researches from within Children's.

New Program Officers to Support IRGP Grantees

Recently, the Children's Education and Research Committee evaluated IRGP grant completion rates and decided grantees would benefit from more frequent feedback and mentoring. The goal is to set all investigators up for success and to help grantees meet their project goals. Because RSP has increased its capacity to provide this service, the following new process will be initiated with all active research projects:

1. All active IRGP research projects will be assigned a Program Officer who will request reports and provide guidance and support to the research project. Program Officers will assist in troubleshooting any areas of concern and work with the Investigator to help them reach their research goals. Program Officers will be an RSP Analytics Group staff person.
2. Investigators will be required to submit a SHORT narrative report to their program officer quarterly. Investigators will be provided a Financial Report twice a year which they will review with their program officer.
3. Report Dates for 2017 are:
 - January 15 - Written
 - April 15 – Written and Financial
 - July 15 – Written
 - October 15 – Written and Financial
4. Those who have a Final Report due in 2016 will receive an email from Wendi reminding them to request a grant extension if they need to continue their project. If they continue their project, they will be assigned a Program Officer.

Please direct any questions to Wendi Huermann at wendi.huermann@childrensmn.org or 612-813-6303

Upcoming Tuesday Seminar Sessions

Date	Topic	Presenter	Time and Location
August 9	Impact of Children's Hospitals on Market Mortality	Eric Christensen	The Front Education Center, CSC Mpls Noon-1p.m.
September 13	IRB Administration Seminar Series	Deb McKeehen	The Front Education Center, CSC Mpls Noon-1p.m.
October 11	PCR Process and Updates	Lou Urban	The Front Education Center, CSC Mpls Noon-1p.m.
November 8	IRB Administration Seminar Series	Deb McKeehen	The Front Education Center, CSC Mpls Noon-1p.m.
December 13	IRB Administration Seminar Series	Deb McKeehen	The Front Education Center, CSC Mpls Noon-1p.m.

Research Staff News

Sara Lee, Clinical Research Coordinator, Diabetes and Endocrinology, transfer from CVCC research to support Diabetes Transformation of Care projects with **Laura Gandrud, MD, Amanda Nickel, CRA I**, transferring from ED research to the Design and Analytics team

New Research Staff:

Elizabeth Thompson, Clinical Research Coordinator, **Brian Kaletka, CRA I**, Neonatal, **Rachel Reicks, CRA I**, Neonatal, **Alicia Zagel**, Scientific Investigator, Center for Acute Care Outcomes, **Tim Barnes**, Biostatistician I

Congratulations Dr. Laura Gandrud!

Dr. Laura Gandrud and her study tracking glucose levels for young patients with Type 1 diabetes was profiled in the Star Tribune this past month. Dr. Gandrud's study asks whether monitoring glucose levels on an hourly basis for patients with Type 1 diabetes would improve and extend quality of life for diagnosed patients. This yearlong clinical trial with 113 children and teens will be conducted here at Children's to evaluate whether monitoring patients' glucose trends can save money and keep people healthier.

They will be using Fitbit devices as well as their insulin pumps and glucose monitors. Data is then uploaded from those devices on a weekly basis and is reviewed by doctors, who recommend changes in variables such as timing and dosing of insulin and lifestyle changes.

Researchers will also be running a randomized, controlled trial to observe whether physicians and patient's families can communicate electronically on a weekly basis to analyze blood glucose trends. The software they use will help doctors locate patients who need immediate attention, while sorting out those patients who don't need to be communicated with quickly. Monitoring blood-glucose levels using these methods will not only keep patients and their families informed about glucose levels at their convenience; it also keeps the physician informed allowing them to provide early treatment before problems arise.

Link to article: <http://www.startribune.com/is-more-monitoring-better-for-type-1-diabetes-patients/379079871/>

NICU Research Team JOINS TOGETHER



Neonatal research team and families walked in Baby Steps on June 4th, 2016



Chromosome FE soccer team- The genetics research and clinical staff play soccer on Sunday nights

Interview with an Investigator Stefan Friedrichsdorf, MD

By Khidar Mehmod

Starting this quarter, we will be interviewing some of Children's investigators. This quarter's spotlight is Dr. Stefan Friedrichsdorf. Dr. Friedrichsdorf was chosen because of his international perspective of pain and palliative care along with his experience traveling abroad to train and consult with international institutions.



Q. How long have you worked at Children's Hospital?

A. 10 years, 11 months, and 3 weeks. But who's counting?

Q. Working with people abroad, how do their pain programs compare to ours?

A. Well, it depends on where I'm going—I have been to about 30 different countries in all 6 continents, and the standard of pain and palliative care is very different. There are some places that have extremely strong implementation—Australia, areas of New Zealand, Argentina—have very strong pain and palliative care programs. So, some countries and some regions are very strong in the area and some in resource-poor countries, such as Sub-Saharan Africa or Middle East, pain and palliative care is not a priority. In Venezuela today, people are operating without an analgesia (anesthesia) because there is no resource available.

Q. Have you gained anything out of your lectures abroad?

A. Tons- as mentioned earlier, being in different places is a lot of fun. Its often different culture, different food, different ways of doing things. I thoroughly enjoy going to different children's hospitals in the world and meeting with people and learning how they are doing and sharing what we're doing. Its fun coming back the second time and seeing that they have actually done something. For instance, I was in Montevideo, Uruguay in November of last year and I did a workshop at two of their children's hospitals and then they invited me again a month ago and within this very short time, they started to do changes, they started to implement modalities to decrease pain, to have better palliative care, so its fun to be able to observe how colleagues are doing. I get enthusiastic about that.

Q. Do you have any advice for young people who want to become doctors?

A. Get a real life—I think that, especially in the United States, it has become very competitive. Kids have to decide at a very young age that they have to go this way and on the other emphasis, this is a very tough job and it's important to live your own life and not the life people think they should live to have a good CV.

Selected Investigator-Initiated Research Publications – Q2, 2016

1. **Schultz KA, Harris A, Messinger Y, Sencer S, Baldinger S, Dehner LP, Hill DA.** (2016). Ovarian tumors related to intronic mutations in DICER1: a report from the international ovarian and testicular stromal tumor registry. *Familial Cancer, 15(1):105-10.*
2. **Christensen EW, Payne NR.** (2016). Effect of attribution length on the use and cost of health care for a Pediatric Medicaid accountable care organization. *JAMA Pediatrics, 170(2):148-54.*
3. **Hooke MC, Gilchrist L, Foster L, Langevin M, Lee J.** (2016). Yoga for children and adolescents after completing cancer treatment. *Journal of Pediatric Oncology Nursing, 33(1):64-73.*
4. **Bergmann KR, Flood A, Kreykes NS, Kharbanda AB.** (2016). Concussion among youth skiers and snowboarders: A review of the National Trauma Data Bank from 2009 to 2010. *Pediatric Emergency Care, 2016; 32(1):9-13.*
5. **Herriage T, Hooke MC, Streifel A, Slaker B.** (2016). Utilization of an intravenous line lifter within a pediatric oncology population. *Journal of Pediatric Oncology Nursing, 33(2):105-10.*
6. **Fife A, Postier A, Flood A, Friedrichsdorf SJ.** (2016). Methadone conversion in infants and children: Retrospective cohort study of 199 pediatric inpatients. *Journal of Opioid Management, 12(2):123-30.*
7. **Arkilo D, Gustafson M, Ritter FJ.** (2016). Clinical experience of intravenous lacosamide in infants and young children. *European journal of paediatric neurology, 20(2):212-7.*
8. **Gilchrist, L., & Tanner, L.** (2016). Gait patterns in children with cancer and vincristine neuropathy. *Pediatric Physical Therapy, 28(1), 16-22.*