Marshfield Clinic
Research Foundation

Research Matters **January 2017**

Research Matters is a monthly newsletter published by Marshfield Clinic Research Foundation.

Director's Report

Frederick Wenzel, Interim Executive Director

The planning group made up of Center Directors, Administrators and Managers convened again on January 8th to begin the conversion of the planning documents to the operational mode of the Strategic Plan. The discussions centered on the next step of selecting those areas to receive priority attention. That process should be completed shortly. This is a critical step in the planning process where oftentimes organizations fail to take the action necessary to formulate the business plans for the organization. It is necessary to carefully identify the activity, understand why that activity is important, assign responsibility and set a timeframe. We are very close to that today and hopefully within the next few weeks will have that completed.

As I mentioned in my notes last month the IRB is undergoing training for the implementation of the electronic application and review process. The IRB members have had several sessions and next week will devote a full meeting to the conversion to a paperless environment. In the past the organization has been at this step but backed off because of the difficulty in converting from paper to the computer model. This time, however, we are determined to move ahead with full implementation in the next couple of months. The data platform will also involve Sponsored Programs and Clinical Research as well.

Dr. Huong McLean has been invited to serve as a consultant to the CDC's Advisory Committee on Immunization Practice. The group will discuss the mumps vaccine effectiveness and the use of the vaccine to control the outbreak that we have read about recently. Dr. Ed Belongia has been invited to participate in a meeting on flu vaccine effectiveness sponsored by the Public Health Agency of Canada. That meeting will be held February 24th in Ottawa. The meeting is being hosted by the Canadian Institute of Health Research and is part of a program entitled "Best Brains Exchange".

Work continues on extending the PMRP biobank and a project designed to involve approximately 18,000 individuals is being planned. The project will focus on pharmacogenetics and serve as a demonstration of how actionable genetic information can have a direct impact on patient care. Previous studies here in Marshfield at the Center for Human Genetics have demonstrated the utility of identifying those patients who should not receive certain medications.

Work also continues on the feasibility of the certification of the Marshfield Center as a Trauma 1 program. There is a significant research component to this certification, therefore it is important to understand all of the elements involved in the certification process. A report is currently being prepared for the Board of Directors of the Clinic.

Associate Director's Report

Steve Ziemba,
Associate Director

It may have been a few weeks ago now, but Happy New Year to everyone reading this column! A new year brings new beginnings and new opportunities. One that I am excited about is the strategic planning that MCRF has been engaged in. This has been a long endeavor and is one that continues even now. However, the process is important to determine our future direction as a research institution and how we contribute to the Marshfield Clinic Health System. We work in a changing environment locally and nationally, and need to be able to identify and meet the challenges and opportunities that environment provides. Perhaps, even, we can change some of it. Marshfield Clinic has been involved in research for the whole of its existence, but I don't think the six founding physicians could fathom the expertise and technology of the medical field now or the research that shapes it. One can only imagine what the next century will bring. This brings us back to making the strategic decisions to help shape at least part of what medicine will evolve into, through the work of MCRF staff and scientists. Thank you again for all you do.

Clinical Research Coordinator Retires After 37 Years of Service

Please join us in extending best wishes to Mary Spindler, who is retiring from Clinical Research as a Research Coordinator, effective Friday, February 3rd. Mary has been with the Marshfield Clinic for over 37 years and has been a true asset to the Clinical Research Center. Her dedication and loyalty to CRC is worthy of our recognition and she will be truly missed.

Please join us in offering "Congratulations" to Mary as she takes a long and much deserved vacation!

MCRF Welcomes New Staff Members

Shayla Mattson joined **CRC** as an **Oncology Clinical Research Nurse** on January 9th. Shayla holds an Associate's degree in Nursing from Chippewa Valley Technical College and a Bachelor of Science degree in Communication Sciences & Disorders from UW-Eau Claire. Her prior experience includes Nurse Case Manager at St. Croix Hospice and serving as a RN in Neurology, Pediatrics and Trauma at Mayo.

Also joining **CRC** as an **Oncology Clinical Research Nurse** on January 23rd, **Sarah Nemath** holds an Associate's degree in Nursing from Chippewa Valley Technical College as well and she is working towards her Bachelor of Science in Nursing from Viterbo University in La Crosse. She has previously worked as a Nurse Supervisor at Oakwood Villa Nursing Home in Altoona, and prior was a RN in medical, telemetry, and oncology at Sacred Heart in Eau Claire.

Stephanie Karl became part of the **BIRC** team on January 15th as an **Administrative Secretary**. A native and current resident of Stratford, Stephanie attended Mid-State Technical College where she completed Associates Degrees in Health Unit Coordinating and Office Support Specialist. No stranger to MCHS, her prior experience includes work in the New Visions Art Gallery, the Radiology Department at Wausau Center, and an Appointment Coordinator at Marshfield Center. In her spare time, Stephanie enjoys arts and crafts.

MCRF Emeritus Researcher Selected as U.S. Expert for ISO/IEC Joint Working Group

Dr. Richard Dart was selected by the Association for the Advancement of Medical Instrumentation (AAMI) to serve as the U.S. expert for the ISO/TC 121/SC 3 - IEC/SC 62D Joint Working Group on non-invasive blood pressure monitors.

AAMI is a nonprofit organization which provides global leadership to support the healthcare community in the development, management, and use of safe and effective healthcare technology. The organization is the primary source of consensus standards, both national and international, for the medical device industry, as well as practical information, support, and guidance for healthcare technology and sterilization professionals. AAMI also administers a number of international technical committees of the International Organization for Standardization (ISO), such as the Joint Working Group in which Dr. Dart is participating, as well as the International Electrotechnical Commission (IEC) and the U.S. Technical Advisory Groups (TAGs).

CCEPH Scientist Invited to Serve as Consultant to CDC

Last year, more than 5000 cases of mumps were reported in the US, with outbreaks at several university campuses among highly vaccinated populations. As a result, the CDC Advisory Committee on Immunization Practices (ACIP) will be establishing a workgroup during the first quarter of 2017 to consider use of a third dose of measles, mumps, rubella (MMR) vaccine to control mumps outbreaks. CCEPH Scientist, Huong McLean, PhD, MPH has been invited to serve as a consultant on this workgroup. Dr. McLean leads the MCRF study examining the persistence of antibodies following a third dose of MMR vaccine and led the ACIP work group that updated the recommendations for MMR vaccine in 2011-2012 in her former position at CDC. The workgroup will include a diverse group of experts from ACIP, federal and state government, professional medical organizations, and academia.

NFMC Communications Specialist Publishes Content Analysis

Scott Heiberger, communications specialist, National Farm Medicine Center, co-authored a paper being published this month in the Journal of Agricultural Safety and Health: “How agricultural media cover safety compared with periodicals in two other hazardous industries.” It featured a content analysis of periodicals serving agriculture, mining and transportation. Analysis involved 18 periodicals (9 agriculture, 7 transportation, 2 mining) spanning a 5-year period. Full-text digital analysis identified terms found in safety articles across all three industries. A manual review of articles revealed the quantity and nature of safety coverage within and among these industries. Results identified 528 safety-related articles published during the period. Transportation and mining periodicals averaged more than twice as many safety articles as the agricultural periodicals, although agriculture articles were more likely to include injury prevention messages. The study provides direction for engaging industry media more effectively in the public safety mission.

2016-17 Flu Vaccine Effectiveness (Flu VE) Network Study Begins

The US Influenza Vaccine Effectiveness (Flu VE) Network study sponsored by the CDC officially began in Marshfield on January 3rd. Center for Clinical Epidemiology and Population Health staff are actively recruiting patients presenting with cough, cold, or flu like symptoms from General Internal Medicine, Family Medicine, Pediatrics and Urgent Care at the Marshfield Center. Research coordinators work closely with clinicians and medical assistants to identify patients who may be eligible for the VE study. Nasal and throat swabs obtained from consenting patients are tested for flu by the Integrated Research and Development Laboratory (IRDL). The number of flu positives among those unvaccinated and vaccinated will be compared to determine the effectiveness of the flu vaccine this season.

In 2016, MCRF successfully competed for another 5 year award to conduct flu VE research funded by CDC. Marshfield Clinic was the first US site chosen by CDC to perform flu vaccine effectiveness research in the 2004-05 influenza season, and we were the exclusive site through 2007-08. Since then the Network has grown to five sites around the country. In Marshfield alone, over 4,000 potential participants are approached each flu season, and over 1,000 are enrolled during the 12 to 15 weeks of study recruitment. In our first three weeks of recruitment so far this season, we have screened over 1000 potential participants. Of these, 385 were eligible and 256 were enrolled (66% participation rate). Ten (4%) tested positive for flu. This is consistent with overall flu activity in Wisconsin, which is starting to increase.

The west coast is already being hit hard with a high level of flu activity, and most cases are caused by A/H3N2. H3N2 seasons tend to be more severe with an increase in hospitalization and deaths. The Marshfield research lab (IRDL) serves as the testing laboratory for a second US Flu VE Network site – Group Health in Seattle, WA. Over 40% of samples from Group Health were positive for flu in early January. We expect a similar high level of flu activity in Wisconsin over the next few weeks. In mid-February CDC will release a mid-season estimate of flu vaccine effectiveness based on enrollments at Marshfield Clinic and the 4 other U.S. sites.

This year we have more than 30 MCRF staff members executing the Flu VE study, including research coordinators, interviewers, programmers, laboratory associates, and support staff. The lead investigators are Ed Belongia, MD and Huong McLean, PhD. Jennifer King, MPH serves as the Program Manager, and Sandy Strey is the Lead Research Coordinator. Lynn Ivacic and Sherri Gusinski coordinate the laboratory activities.

Anthropologists Could Be Key to Improved Farm Safety

Before recommending safety behavior changes to farmers, their families, and their employees, safety and health professionals should first walk in the shoes of those who produce our food, say leading anthropologists writing in the current issue of *Journal of Agromedicine*.

“The challenge is to translate our concepts of agricultural health and medicine into mechanisms of prevention that are culturally relevant and meaningful for the people we are trying to reach,” said Kendall Thu, Ph.D., Northern Illinois University, and one of the first anthropologists to work in ag safety and health.

"Agri-CULTURAL Health and Safety: Anthropologists in the Field," features five research articles addressing the critical need to understand the communities at risk in agricultural work. Commentaries from Thu; Thomas Arcury, Ph.D., Wake Forest; and Kim Fortun, Ph.D., Rensselaer Polytechnic Institute; contextualize the history and future of anthropological research in the field, as well as how those experiences are useful to other disciplines.

In many cases, the need to meet farmers and ranchers on their own terms first occurs at their own kitchen table. (Photo illustration by Casper and Jill Bendixsen)

Anthropology is broadly defined as, “the study of human societies and cultures, and their development.” It encompasses the shared sets of values, attitudes, and behaviors that shape the collective order of any given society, and that also might provide a pathway to safer and healthier behaviors.

Agriculture has a fatality rate that is eight times the average of all other industries in the United States.

“Anthropological approaches that study how people and communities change have clear relevance to efforts to understand and reduce tragically high rates of injury on farms,” said Dr. Fortun. “A recurrent theme in the papers in this volume is on how things *do not* change on farms, reproducing hazardous conditions.”

Casper Bendixsen, Ph.D., a cultural anthropologist at the National Farm Medicine Center, Marshfield Clinic Research Foundation, served as guest editor for this special issue of the *Journal*.

“The *Journal of Agromedicine* is providing the first consolidated conversation about the hazards of agricultural work as social-cultural constructions,” Dr. Bendixsen said. “The insulation of farms from many federal and state policies allows them to be governed more by cultural attitudes than law. We need to have a meaningful understanding of these attitudes and agricultural hazards in order to encourage both voluntary acceptance and realistic policy that fosters safer and healthier farm life.”

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Anthropologists Could Be Key

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Casper Bendixsen, Ph.D., and Kathrine Barnes, M.S., M.P.H., authored the following papers in this special issue:

Barnes KL, Bendixsen CG. "When this breaks down, it's black gold": Race and Gender in Agricultural Health and Safety. J Agromedicine. 2017. 22(1):56-65.

Participant-observation and in-depth interviews explore a group of African American women urban gardeners in the southeastern United States. They describe how they reclaim their landscape in low-income areas of Atlanta and re-shape their racialized, gendered environment and history through urban gardening. The work underscores the importance of tailoring agricultural health and safety messaging and dissemination to specific populations.

Bendixsen CG. The entanglements of agrarian ethics with agrarian risks and leveraging them in agricultural health and safety. J Agromedicine. 2017. 22(1):17-25.

Agrarian ethics of animal husbandry, land stewardship, and kinship are often conflated and constructed to accommodate unpredictable risks (e.g., weather, financial markets). Here, the right or good agricultural practice is assessed in light of an acute event. Risks of illness and injury are often relegated to the realm of acute unpredictability and accepted as intrinsic to desirable ways of life. The article presents a description of agrarian ethics and risks generated from personal experience and ethnographic inquiries in the Midwest, the Intermountain West, and Texas over the past 10 years. This article assesses health and safety within agrarian ethics. The results and discussion lead to an important conversation about how we can be more detailed in the use of terms such as "cultural appropriateness." It also raises the question as to what is really at stake in public health perspectives like those found in the socioecological and extended parallel process models when deployed in agricultural health and safety.

Abstracts of each paper in the issue are available at the *Journal's* web page. Please contact individual authors for full versions. The *Journal of Agromedicine* publishes peer-reviewed papers addressing the health and safety of agricultural populations in order to advance scientific dialog through practice, policy and research. The *Journal* is published by Taylor & Francis Group, and in 2012 was accepted by ISI/Thomson Reuters for coverage in the Science Citation Index Expanded and the Journal Citation Reports (JCR).

Recent Publications, Grants, and Awards

This column is to highlight recent accomplishments of MCRF researchers and MC clinical investigators.

Please select the hyperlink to view recent publications and grants.

If you have recently published an article or received a grant or an award and want it included in the next issue of *Research Matters*, please contact Patti Baer at baer.patricia@mcrf.mfldclin.edu

Measuring Impact: CCEPH Staff Lead Patient Engagement in Research Methods Workshop

Following 3 months of active planning, a group of more than 30 researchers, patient partners, patient engagement advocates and representatives from the Patient Centered Outcomes Research Institute (PCORI) met at the Daniels Fund meeting space in Denver, Colorado on October 26-28, 2016 to begin the process of developing a systematic approach to measuring the impact of patient engagement on the context, conduct, and outcomes of research. The workshop was hosted by the Patient Engagement in Research Scientific Interest Group of the Health Care Systems Research Network (HCSRN) and sponsored by Eugene Washington PCORI Engagement Award #3398. CCEPH research scientist Robert Greenlee, PhD, MPH, is the Principal Investigator for the PCORI-funded workshop, and CCEPH's Deb Multerer is the project manager.

Group photo of workshop participants

Recognizing that approaches to measuring patient engagement vary considerably and that inconsistency in measurement makes comparisons across time and studies difficult, this workshop's goal was to assemble a community of practice to develop and test a core suite of recommended measures to evaluate the impact of patient engagement in research in a systematic and scalable way.

Idea clustering session

The workshop aimed to embody the principles of engagement, and patient partner advisors provided strong voices and decades of experience as patients and community representatives. Researchers and stakeholders collaboratively set the agenda and tone for the workshop. In addition to extensive targeted discussions on ways in which engagement can affect research and its products, the agenda included keynote presentations by Laura Forsythe, PhD, MPH, Associate Director, Evaluation and Analysis, PCORI, and Danielle Lavallee, PharmD, PhD, Research Assistant Professor, Division of General Surgery, University of Washington.

Future work in the remainder of the PCORI engagement award funding period will include mapping relevant core components to reportable metrics and building out a community of practice through continued engagement with workshop attendees, as well as identifying other individuals, instruments and communities to enhance the piloting of the selected methodology.

CRIBBS Update Summarizes Progress and Shares Its Future Goals

Dr. Robert Haws recently shared with participants an update on the progress of the Clinical Registry Investigating BBS (CRIBBS) and the efforts at the Marshfield Clinic to improve the health and quality of life of those affected by Bardet-Biedl syndrome. The following is excerpted from his communication to registry members:

"As of today we have enrolled 289 individuals in CRIBBS. That is huge. Let me explain why. First, CRIBBS has brought attention to the needs of individuals with BBS. I was contacted this spring by a research group interested in learning more about BBS and what CRIBBS was all about. That initial contact in June has evolved into the opportunity of being selected to participate in an international trial using a medication called setmelanotide. Setmelanotide is a small protein that turns off appetite "downstream" from leptin and thereby signals the brain and body to not be hungry. We will be enrolling our first patients in the clinical trial in January 2017. If this therapy proves successful it will be a breakthrough in the health needs of many individuals with BBS. It also represents the first clinical trial of any pharmacologic therapy for individuals with BBS. This year I also met with two other pharmaceutical companies that are interested in developing therapies for BBS. That attention has come to the BBS community because of CRIBBS.

A second benefit of CRIBBS is the opportunity to provide information to physicians and researchers interested in BBS. We published in 2016 a paper on kidney transplant outcomes in BBS. I have been contacted by multiple doctors asking about their patients that may need a kidney transplant. I believe this paper helps doctors know that kidney transplantation is a viable option when needed. Fortunately we found that only about 10% of individuals with BBS ever need a kidney transplant. Because of CRIBBS we have provided information necessary for researchers to further their academic interests in BBS. We have assisted researchers in grant support. This is important because research will result in treatments and better understanding.

A third benefit of CRIBBS is that it provides unique understanding and observations about BBS. We have learned that epilepsy occurs more commonly in BBS but most individuals will outgrow that problem. We are learning that some relatively common conditions such as Hashimoto's thyroiditis and sleep apnea are more common in BBS than expected while rare conditions such as Blount's disease and primary ciliary dyskinesia occur in BBS too. Without CRIBBS we would not be able to put this information together."

Dr. Haws continued by sharing what he described as ambitious goals for 2017:

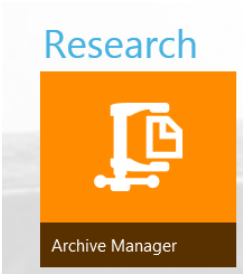
1) Conduct a clinical trial examining the safety and efficacy of setmelanotide in the treatment of excessive hunger (hyperphagia) in BBS.
2) Open a trial examining the efficacy of interventional behavioral therapy and cognitive behavior therapy to achieve weight loss in BBS. This therapy will be conducted by telemedicine and delivered directly by internet connections to participants' homes.
3) Submit publications on speech development in BBS and epilepsy in BBS.
4) Work to open the doors of the Treatment Center for BBS to permit a larger number of individuals with public and private insurance to attend the Center.
5) Reach an enrollment goal of 350 individuals in CRIBBS.

Dr. Haws expressed deep appreciation for the generosity of CRIBBS participants' time and emphasized "You make this all possible."

Molly Dowden, Research Compliance Educator

Compliance Notes

MCRF Withdrawal of Research Subjects
As mentioned in the October issue of Research Matters, the institutional policy, Withdrawal of Research Subjects is available in the Document Control System. As responsibility is delegated to each MCRF Research Center to develop a specific procedure incorporating this policy's requirements, MCRF Administration and the Office of Research Compliance encourage all Research Centers to have their procedure completed as soon as possible to facilitate compliance with the policy.



MCRF Archiving Policy
As of January 18th, the MCRF Archiving Policy and the Archive Manager Module are available for use. The Archive Manager Module is located within the HUB and users will be granted access once the proper training has been completed.

As responsibility is delegated to each MCRF Research Center to develop a specific procedure incorporating this policy's requirements, MCRF Administration and the Office of Research Compliance encourage all Research Centers to have their procedure completed as soon as possible to facilitate compliance with the policy.

Non-Compliance Reporting
In order to prevent any unnecessary non-compliance reporting, the internal non-compliance reporting tool has been revised to include the following question:
"Does this potential non-compliance involve an investigator or any member of the research team not following a research-related regulation, policy or IRB requirement?"

If a user selects "Yes," the tool will allow for data-entry and submission; if "No" is selected, the event does not meet the definition of non-compliance per institutional policy and the user will not be able to continue with the report.

The MCRF Non-Compliance Reporting policy is available in the Document Control System, and the reporting tool is maintained in the MCRF Hub.

Honest Broker
In February/March 2017, staff from BIRC and the Office of Research Compliance will request time at each Research Center meeting to provide education on Honest Broker and the Sharing and Transferring of Research Data.

Upcoming Compliance Educational Event open to all MCRF Staff:
"Informed Consent and Authorization Implications upon Subject Withdrawal"
Tuesday, February 28 from 12 PM – 1 PM
Conference Room Laird 50
More information to follow and feel free to bring your own lunch!

All MCRF staff is reminded that any suggestions for policies, processes, or other compliance-related items are accepted and welcomed by the Office of Research Compliance. Please

contact Linda Jaros or Molly Dowden with any topics or items of interest. For assistance with drafting procedures, research centers can contact Molly Dowden.

Updates from ORIP/IRB

Lori Scheller,
IRB Administrator

Revised Federal Policy for the Protection of Human Subjects
The U.S. Department of Health and Human Services (DHHS) and 15 other federal agencies have issued a final rule to update the "Common Rule" published in the Federal Register on January 19, 2017. This update to the Common Rule follows the September 2015 publication of the Notice of Proposed Rulemaking (NPRM). According to the Federal Register document the revisions are to modernize, strengthen, and make more effective the Federal Policy for the Protection of Human Subjects that was originally promulgated as a "Common Rule" in 1991. This final rule is intended to better protect human subjects involved in research, while facilitating valuable research and reducing burden, delay, and ambiguity for investigators. These revisions are an effort to modernize, simplify, and enhance the current system of oversight. This rule is effective on January 19, 2018, except for the single IRB review requirement which is effective January 20, 2020.

These revisions to the Common Rule will affect human subject's research conducted throughout our institution and with our research collaborators however, with the new presidential administration taking over there is some uncertainty overall that this new Rule, may be overturned. Therefore as an institution, we will proceed with caution before implementing any changes prior to the effective date.

Some key changes to existing Common Rule regulations include:

- Required additional content in informed consent documents
- Required use of a single IRB for most multi-institution research studies
- New options for the use of "broad consent" documents for research involving identifiable data or identifiable biospecimens
- New categories for "exempt" human research
- Elimination of continuing review requirements for certain human research studies
- Required posting of consent document for certain federally-funded trials to a public website
- Elimination of grant congruency review by the IRB
- New criteria for limited IRB review required for certain exempt categories

To learn more about the revisions, a PRIM&R webinar is being offered on Thursday January 26, 2017 from 2:30 – 4 p.m. in Conference Room Laird 50 for all those interested.

IOSH Researchers Present at National Conferences

2016 National Network for Oral Health Access (NNOHA) Conference

On November 7th, Dr. Amit Acharya, Director of IOSH, and Harshad Hegde, Informatics Research Architect, presented an oral presentation entitled, "*Establishment of a Quality Improvement Culture at a Large FQHC Dental Practice in Rural Wisconsin*," at the 2016 National Network for Oral Health Access (NNOHA) Annual Conference on November 7th in Denver, Colorado. The objectives their presentation included: discussing the need for a focus on quality in dentistry; discussing the opportunities involved with visualizing key dental measures and performance for improving the quality of care in dental practices; and sharing the design, development and implementation approach of a dental quality improvement dashboard that supports a large dental FQHC practice in central Wisconsin.

NNOHA was founded in 1991 by a group of Dental Directors from Federally Qualified Community Health Centers who identified a need for peer-to-peer networking, collaboration, research and support in running effective oral health program. From those humble beginnings, NNOHA's membership has grown to represent the full diversity of safety-net oral health providers and has become a leader in strengthening and supporting the oral health safety-net. NNOHA's mission is to improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.

American Medical Informatics Association's (AMIA) 2016 Annual Symposium

Members of the IOSH Team presented the following posters at AMIA's Annual Symposium in Chicago, Illinois, on November 12-16, 2016.

Integrating Medical-Dental Care for Patients with Diabetes: A Pilot Implementation of Clinical Decision Support Alerts

Amit Acharya, BDS, MS, PhD[1,2,] Kelsey M. Schwei, PhD[1,2,] Dixie Schroeder, MBA[1,2,] Jordan Ashton, DO[2], Srinivas Challa, DMD, MPH[2], Cindy Sorenson, FNP[2], Louay Danial, MD[2], John O'Brien, DDS[2], Eric Penniman, DO[2;]

[1]Institute for Oral and Systemic Health, Marshfield Clinic, Marshfield, WI; [2]Marshfield Clinic Health System, WI.

Abstract: While poor oral health impacts overall health, care coordination and integration of medical-dental practices can better address this issue. This study aimed to understand the challenges of implementing clinical decision support alerts (CDS-A) to support care coordination of patients with diabetes at medical and dental centers.

Usability Evaluation of an Evidence-based Dental Patient Case Simulator

Kelsey M. Schwei, PhD[1], Kate L. Thomas, MA[2], Vijayakumar Thirumalai, BTech[3], Chris Enstad BS3, Kim Johnson, MDH3, Andrew Schmidt, MS4 Olga Godlevsky, BA[3], Neil Johnson, DDS,PhD[3], Bill Rush, PhD[4], Amit Acharya, BDS,MS,PhD[1,2]

[1]Institute for Oral and Systemic Health, Marshfield Clinic, Marshfield, WI; [2]Biomedical Informatics Research Center, Marshfield Clinic, Marshfield, WI; [3]HealthPartners Institute, Bloomington, MN; [4]HealthPartners Dental Group, Bloomington, MN.

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IOSH Researchers Present at National Conferences

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Abstract: Dental Decision Simulation (DDSim) was developed by HealthPartners Institute (HPI) to aid dentists in their continued education of the latest evidence-based approaches to practice. The abstract provides a brief description of the formal usability evaluation of DDSim conducted by the study team.

AMIA is the professional home of leading informaticians: clinicians, scientists, researchers, educators, students, and other informatics professionals who rely on data to connect people, information, and technology. AMIA® (the American Medical Informatics Association®) is the center of action for more than 5,000 health care professionals, informatics researchers, and thought-leaders in biomedicine, health care and science. AMIA is an unbiased, authoritative source within the informatics community and the health care industry. AMIA and its members are transforming healthcare through trusted science, education, and practice in biomedical and health informatics.

Upcoming Talks and Presentations

Scientific Seminars (Froehlke Auditorium)
Wednesday, February 15th
12:05pm-1:00pm
"One Hour Proteomes and Deep Sequencing"
Joshua Coon, PhD, Professor of Chemistry and Biomolecular Chemistry, University of Wisconsin-Madison

IRB Educational Event
Thursday January 26th
2:30pm – 4:00pm
Conference Room Laird 50
PRIM&R Webinar - Changes to the Common Rule and IRB Requirements

Research Compliance Educational Event
Tuesday, February 28th
12 PM – 1:00pm
Conference Room Laird 50
"Informed Consent and Authorization Implications upon Subject Withdrawal"

Grand Rounds (12:00 - 1:00 p.m. in the Froehlke Auditorium)
Friday, February 3rd
Update on Structural Heart Interventions
Drs. Elvis Peter, Dan Gavrila, Milind Shah, and Juan Mesa from Marshfield Clinic Cardiology

Friday, February 17th
Pharmacogenetics
Emili Leary, PharmD, PGY-1 Pharmacy Resident

Friday, February 24th
Improving Blood Pressure Management- Cuffs and Meds and Toolkits "oh my"
Richard Fossen, MD, FACP, Internal Medicine, Marshfield Clinic Minocqua Center

In Addition:

- The next Full Foundation meeting is scheduled for February 15, 2017 at 9:00AM in the Froehlke Auditorium. Questions can be routed or emailed to Jeanette Normington at 1R3 or normington.jeanette@mcrf.mfldclin.edu.
- The next Board of Trustees meeting will be held on February 9, 2017 at 6PM in the Laird 50 conference room.
- For the latest issue of the UW-Madison newsletter, *ICTR Today*, please click here: https://ictr.wisc.edu/uw-ictr-today-newsletter-v9-n4-2016/.
- For updates on the Wisconsin Network for Health Research (WiNHR), please visit: https://ictr.wisc.edu/winhr
- The Marshfield Clinic Research Foundation website can be accessed through this link: http://marshfieldresearch.org/.
- Archived issues of *Research Matters* are available online.

Contributors to this issue: Patti Baer, Bobbi Bradley, Molly Dowden, Dr. Robert Greenlee, Dr. Robert Haws, Scott Heiberger, Deb Multerer, Bonnie Ohlsson, Lori Scheller, Dixie Schroeder, Melissa Slager, Michelle Wellsandt, Frederick Wenzel, Dr. Steve Ziemba

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