There's a new officer in town...to serve and to help publish

The Publications Officer
The Ottawa Hospital Research Institute’s Clinical Epidemiology Program (CEP), affiliated with the University of Ottawa, aims to put knowledge to work – performing high quality clinical research that can inform health decisions and ensuring that results are optimally applied to improve health. CEP is known globally for its expertise in clinical trials, systematic reviews, knowledge translation, clinical decision rules and patient decision aids. To this end, the CEP is organized into six main themes, namely: Knowledge synthesis; Health research methods; Maternal and fetal health; Emergency medicine and Critical care; Circulatory and respiratory health; Knowledge translation, quality and safety. CEP is also affiliated with The Ottawa Hospital Rehabilitation Centre (TOHRC).
CEP in the news

July

‘Get informed, get tested’: getting the word out about hepatitis C
Dr. Curtis Cooper was interviewed by the Ottawa Citizen about hepatitis C diagnosis, treatment and prevention on World Hepatitis Day. He noted that clinical trials at The Ottawa Hospital have contributed to the development of new drugs that provide good treatment options for almost everyone with hepatitis C, but much more work needs to be done on screening and prevention.

Caveats about favored access method for dialysis
Dr. Swapnil Hiremath was interviewed by NPR about different options to access the blood for dialysis (fistulas versus catheters). While observational studies have suggested that fistulas are better, many experts do not agree because this has never been tested in a randomized controlled clinical trial. Dr. Hiremath is now working to conduct the first trial of this kind.

Changing how doctors deal with preemies
Dr. Gregory Moore was interviewed for a feature story in the Ottawa Sun on premature babies. Dr. Moore discussed a systematic review and meta-analysis he led looking into developmental challenges faced by some very premature babies. He is now testing a tool to help families be more involved in making decisions on how to care for very premature babies.

Ottawa program aims at reducing sexual assault at music festivals
Dr. Kari Sampsel was mentioned in Metro Ottawa regarding her research showing that more sexual assaults are reported after large community gatherings. This research has led to a new program called Project Soundcheck that seeks to empower staff and volunteers at Ottawa music festivals to create a safer space for women. CEP co-authors: Justin Godbout, Tara Leach, Monica Taljaard, Lisa Calder.

August

How science predicts your life expectancy

Dr. Doug Manuel was interviewed in the Heart and Stroke Foundation’s blog about his research on predicting life expectancy. Dr. Manuel and his colleagues recently developed a life expectancy calculator that is embedded in the Heart and Stroke Risk Assessment tool.

Using a medical app to improve vaccination compliance
Dr. Kumanan Wilson was interviewed by iMedicalApps about the ImmunizeCA app, which helps Canadians track their vaccinations and provides information on vaccine-preventable outbreaks.

New $9-million operating rooms custom-built for non-invasive surgery
Dr. Sudhir Nagpal was interviewed by the Ottawa Citizen, Ottawa Community News and other media about minimally invasive surgery and the benefits of The Ottawa Hospital’s new specialized operating rooms for this kind of surgery.

September

Poverty may increase odds of repeat hospitalizations
Dr. Carl van Walraven was quoted in a Fox News story on a U.S. study which suggests that hospital re-admission rates may have more to do with patients’ income and education levels than with the quality of care they received. Dr. van Walraven wrote an editorial on the research, published in JAMA Internal Medicine. The finding is important for the debate about how to measure hospital performance.
Champlain eConsult tool receives national recognition for improving access to medical specialists

A web-based medical consultation tool developed by a team led by Drs. Clare Liddy and Erin Keely has ranked second in Canada Health Infoway’s 2015 ImagineNation e-Connect Impact Challenge for e-Requests for Services. As described in this video, the Champlain BASE eConsult Service can reduce wait times for specialty medical advice from months to an average of two days, with high user satisfaction. More than 46 teams from across Canada competed in the challenge, aimed at improving the quality of care and the patient experience by advancing digital adoption among health-care providers. Currently more than half of primary care providers in Eastern Ontario are registered users of the Champlain BASE eConsult Service, which is a collaboration between The Ottawa Hospital, Bruyère Research Institute, the Champlain Local Health Integration Network, and the Winchester District Memorial Hospital.

Children with cancer provide a portrait in resilience for charity walk

An Ottawa Citizen story and video on a young boy with bladder cancer included an interview with Dr. Ilias Cagiannos. Dr. Cagiannos described an innovative approach that could be used to build a new bladder for the boy, and also commented on the need for more research.

For-profit long-term care homes have higher mortality and hospitalization rates

New research led by Dr. Peter Tanuseputro shows that for-profit long-term care homes have significantly higher hospitalization and mortality rates than not-for-profit homes. The finding comes from an analysis of 53,739 long-term care residents in Ontario between 2010 and 2012, using data housed at the Institute for Clinical Evaluative Sciences. Six months following admission, and following adjustment for multiple factors at the individual and facility level, the mortality rate in for-profit homes was 16 per cent higher, and the hospitalization rate was 33 per cent higher in for-profit homes, than in not-for-profit homes. An accompanying online calculator uses the study findings to predict the chance that a long-term care resident will die in the six months after admission. CEP co-authors: Mathieu Chalifoux, Carol Bennett, Andrea Gruneir, Douglas Manuel.

Ottawa Subarachnoid Hemorrhage Rule could save $25 Million in Ontario

With headache as its predominant symptom, subarachnoid hemorrhage (SAH) can be challenging to diagnose. It is estimated that close to 50 patients presenting with SAH in Ontario annually are misdiagnosed at the time of their first hospital visit and half of those patients die because of the misdiagnosis, with many survivors affected by neurological damage. Dr. Jeff Perry and colleagues have developed a clinical decision rule that can completely eliminate SAH misdiagnosis and is therefore expected to save approximately 25 lives in Ontario each year. A preliminary economic analysis led by Dr. Kednapa Thavorn helped convince the Council of Academic Hospitals of Ontario to undertake a more detailed economic analysis, which predicts that the rule could save Ontario $25 million per year through avoiding death and disability.

A cancer-controlling pill? How one Ottawa woman’s once often-fatal disease became a manageable illness

A recent article in the Ottawa Citizen provides a “real-life example of how research and scientific progress is changing some cancer diagnoses from almost certain death sentences, for some patients, to manageable chronic illnesses”. The story features top city manager Nancy Schepers, who was diagnosed with leukemia in 2012, as well as her hematologist, Dr. Isabelle Bence-Bruckler.
Drugs used in kidney transplants ineffective, even deadly, Ottawa researchers find (Ottawa Citizen)
An international clinical trial led by Drs. Greg Knoll and Dean Fergusson has shown that contrary to expectations, a blood pressure-lowering drug called ramipril has no benefit for kidney transplant patients, and is associated with potentially dangerous side-effects. Ramipril lowers blood pressure and previous research has shown that it reduces the risk of kidney failure in high-risk people who have not undergone transplants. Many people assumed the benefits would be similar in transplant patients, so this drug has been commonly used in these patients despite limited evidence of benefit.
CEP co-authors: Michael Chassé, Paul. Hebert, George Wells, Deborah Hogan, Tim Ramsay.

Cancer researchers work to combat the Angelina effect (Ottawa Citizen)
Despite a low risk of breast cancer recurrence, increasing numbers of Canadian women are opting to have their healthy breast removed after a cancer diagnosis in their other breast. This phenomenon has been called the “Angelina effect” after American actress Angelina Jolie, who famously had a preventive double mastectomy after she learned she carried a mutation in the BRCA1 gene known to dramatically increase the risk of breast cancer. With a $100,000 grant from the Canadian Cancer Society and a $99,000 grant from the Ontario Institute for Cancer Research, Drs. Janet Squires (right) and Angel Arnaout (left) will consult with medical professionals and patients across Canada to try to understand this phenomenon. They will also try to develop interventions to minimize this unnecessary surgery, which can lead to side effects and delays in cancer treatment.
CEP co-investigators: Ian Graham, Jeremy Grimshaw, Dawn Stacey, Jing Zhang.

Ottawa scientists break new ground in post-op kidney transplant treatment (CBC radio international)
“Doctors and research scientists in Ottawa continue to poke holes in conventional medical wisdom.” Dr. Greg Knoll was recently interviewed about his research showing that three drugs commonly used in kidney transplant patients are not nearly as effective as previously thought.

November

Urology Movember Madness (from left to right): Luke Lavallée, Chris Morash, Soyna Cnossen, Louise Lebel, Mike Horrigan, Rodney Breau

Seniors in private nursing homes more likely to die within 6 months: study (CTV news)
A recent study by the Institute for Clinical Evaluative Sciences (ICES), led by Dr. Peter Tanuseputro found that for-profit seniors’ homes have a 16 per cent higher death rate for seniors within six months of arrival, and that there is a 33 per cent greater likelihood that they’ll end up in hospital.

Air pollution levels linked to life expectancy, diabetes: study (Canadian Press)
Dr. Doug Manuel was interviewed by the Canadian Press about a new study that quantifies the health risks associated with air pollution. The release of the study coincides with the relaunch of the Project Big Life calculator. Dr. Manuel added in the pollution data gathered by Crouse’s group and re-calibrated the calculator accordingly. You can find out how pollution in your neighbourhood may affect your lifespan using the Project BigLife3.
Mouth-to-mouth breathing is important in CPR, study finds (Ottawa Citizen)

Traditionally, paramedics and firefighters have been taught to perform CPR in cycles of 30 seconds of chest compressions, followed by an interruption for two rescue breaths. However, in recent years, animal studies and observational human studies have convinced some groups to cut out the interruptions, by doing continuous chest compressions and more frequent rescue breathing at the same time. Now an international team, including Drs. Ian Stiell and Christian Vaillancourt, has finally laid the debate to rest. They conducted a massive randomized clinical trial that showed that continuous CPR is no better than interrupted CPR, and in fact, the continuous approach may even be a bit worse. Three thousand Ottawa patients, 400 Ottawa paramedics and 1,000 Ottawa firefighters participated in the study. CEP co-investigator: Graham Nichol

Ottawa scientists send equipment into space to study astronauts’ health (Ottawa Sun)

Dr. Guy Trudel, working with the Canadian Space Agency, sent equipment up to the International Space Station via the rocket Atlas that will monitor participating astronauts by focusing on their bone marrow and the impact of microgravity (weightlessness as experienced on the ISS, and not the zero gravity of deep space). This study known by its acronym MARROW ("bone Marrow Adipose Reaction: Red or White"), will provide a “unique insight” into the basic mechanisms of immobility, helping develop physical countermeasures, or new drugs for treatment and prevention. Dr. Trudel could apply his research directly to patients here, with advancements in drugs and physical therapies.

Dr. Odette Laneuville, co-investigator (left) and Theresa Backlund, study coordinator (center) and Dr. Guy Trudel

December

Dr. Marc Carrier named “Personality of the Week” by Radio-Canada and Le Droit

Dr. Marc Carrier was interviewed on Radio-Canada and profiled in Le Droit as part of being named their “Personality of the Week”. Dr. Carrier recently received the Chrétien Researcher of the Year Award for his ground-breaking study on cancer screening in people with unexplained blood clots.

Controversial prostate cancer screening can be improved by repeating abnormal tests

For more than 20 years, the prostate-specific antigen (PSA) test has been used to help screen for prostate cancer, but in recent years, some guideline groups have called for this blood test to be abandoned because it has a high false-positive rate, which can lead to unnecessary biopsies. Now, a new study led by Drs. Rodney Breau and Luke Lavallée shows that simply repeating an abnormal PSA test can significantly reduce the risk of having an unnecessary biopsy. Prostate biopsies are invasive and expensive, so this research could significantly benefit patients and the health-care system. CEP co-authors: Kelsey Witiuk, Sonya Cnossen, Ranjeeta Mallick, Dean Fergusson, Franco Momoli, Chris Morash, Ilias Cagiannos

Mobile mobility: Ottawa company invents smartphone-piloted wheelchair

Dr. Edward Lemaire was interviewed by Global News regarding the SmartChair app, technology that lets people in wheelchairs bring their wheelchairs to them across a room, or sit on a couch and have the wheelchair drive away so that it no longer blocks their view of the TV. “Almost all of this comes down to independence,” said Dr. Lemaire, who is an advisor on the project.

Dr. Odette Laneuville, co-investigator (left) and Therese Backlund, study coordinator (center) and Dr. Guy Trudel

metal canister used in the International Space Station to collect and return air samples to Dr. Trudel’s lab
Many CEP staff were honored with awards in 2015

CEP Summer students receive awards for their contributions
The end of August 2015 marked the last presentations of the Ottawa Hospital Research Institute’s summer student seminar series and also the awards ceremony for the best student presentations. Two CEP students were stand outs based on both peer and coordinator evaluations:

Alex Straus, won Gold for his presentation, “The Efficacy of Mesenchymal Stem Cells in the Treatment of Pre-Clinical Models of Sepsis: A Systematic Review.”
Supervisor: Dr. Lauralyn McIntyre

Olivia Cook, won Gold for her presentation, “Referrals and Hospital Admissions in Emergency Department Syncope Patients.”
Supervisor: Dr. Venkatesh Thiruganasambandamoorthy

The Royal Society of Canada’s newest member
In November, Dr. Dawn Stacey was named as a member of the Royal Society of Canada’s College of New Scholars, Artists and Scientists. The honour recognizes Dr. Stacey’s internationally recognized research which aims to understand, measure, and evaluate the implementation of decision coaching and decision support tools for patients and health-care professionals. She leads national and international initiatives to synthesize effective interventions and develop standards for translating scientific knowledge into user-friendly tools. Her research findings are used in clinical practice, continuing education for healthcare professionals, and health policy in Canada, Chile, the United States, United Kingdom, and Australia.

Dr. Amanda Black awarded a research chair in women’s health
Dr. Amanda Black has been appointed as the Elaine Jolly Chair in Women’s Health Research. Dr. Black’s research focuses on family planning and contraceptive care. This chair position (one of two) was created as a result of a $2.5 million fundraising campaign by The Ottawa Hospital Foundation – a large portion of which came from the generosity of Shirley E. Greenberg. Other goals of the Chair include the creation of strategic collaborations to implement care and the empowerment of all women by informing them of research developments.

Dr. Alan Forster is one to watch
Dr. Alan Forster was named as one of Canada’s “20 doctors to watch” by the Medical Post in September. The honour recognizes Dr. Forster’s efforts to improve quality of care, including his research on post-discharge phone calls to reduce hospital readmissions.

Dawn Stacey (centre) with her uncle Leighton and her sister Susan at the awards ceremony in Victoria, BC on November 27
Dr. David Moher
Winner of the Dr. J. David Grimes Research Career Achievement Award 2015

Dr. David Moher was recently ranked in the top 0.03 percent of all biomedical researchers in the world. He has published nearly 500 research papers, which have been referenced more than 25,000 times by other scientists. Most importantly, his research has changed medical practice and improved health care around the world.

Not bad for someone who only learned to write at age 13 and still struggles with dyslexia.

Growing up in Ireland, Dr. Moher had a reputation for questioning everything and everyone. This eventually led him to study psychology and epidemiology in Canada and The Netherlands.

Soon after starting his research career, he became particularly interested in answering difficult medical questions with no clear answers. He would systematically comb through all the studies ever published on a given topic and combine the results in an unbiased way to help solve medical controversies. Today, this kind of exercise is called a “systematic review” and Dr. Moher is considered a founding father of the field.

Now a senior scientist at The Ottawa Hospital and professor and research chair at the University of Ottawa, Dr. Moher has published more than 70 systematic reviews on a wide range of topics, including cancer, diabetes, stroke and HIV. These reviews have prompted changes in medical practice that have improved care at The Ottawa Hospital and around the world.

Dr. Moher is also a world leader in studying how researchers report their results in medical journals, and developing tools to improve this. He first became interested in this area while conducting systematic reviews. He noticed that many publications of clinical trial results lacked key details about how the experiments were performed and how the data were analyzed. This made it difficult to know if the results were reliable.

“I found that this was a real disservice to patients,” explained Dr. Moher. “People were altruistically participating in research studies, believing that their contribution would make a difference for future patients but, in fact, some research publications were written so poorly that the results were unusable.”

Dr. Moher set out to change this by developing a checklist and guidelines that researchers could use to make sure their clinical trial publications include all the required information. The result, called CONSORT, has been endorsed by more than 500 biomedical journals worldwide and has been called a “milestone in research methods” by the influential United States Patient-Centered Outcomes Research Institute.

Dr. Moher has also developed a widely-used guideline for reporting the results of systematic reviews, called PRISMA.

In addition to his research achievements, Dr. Moher has mentored dozens of trainees and junior investigators. He is also a scientific advisor to the World Health Organization and leader of The Ottawa Hospital Technology Assessment Program.
Dr. Marc Carrier was well on his way to becoming a plant biologist when a stint volunteering in a retirement home convinced him to make a career change.

“It was so rewarding to be able to help these people,” he said. “It made me want to go into medicine.”

Dr. Carrier was eventually able to combine his passion for science with his compassion for people as a senior scientist and specialist in venous thromboembolism (VTE) at The Ottawa Hospital. He recently published a study in the New England Journal of Medicine that is improving care for VTE patients around the world.

VTE is a potentially deadly disease that occurs when a blood clot lodges in the veins of the legs or lungs. Previous research suggested that VTE could also be an early warning sign of cancer in patients without other risk factors, so many clinicians were doing extensive cancer screening in these patients. However, there was very little evidence to show that this screening was benefiting patients, so Dr. Carrier designed and led a clinical trial to test this.

The trial randomly assigned 854 patients with unexplained VTE to receive basic cancer screening or basic cancer screening plus a CT scan of the abdomen and pelvis. Surprisingly, the results showed no difference in the number of cancers detected or cancer-associated deaths in the two groups.

“Although it is tempting to believe that more cancer screening is always better, our study shows that this is not necessarily the case,” said Dr. Carrier, who is also an associate professor at the University of Ottawa. “And in fact, unnecessary CT scanning has real risks. It can cause stress and anxiety in patients, as well as radiation exposure, and it can lead to over-investigation of false-positive findings. Our study means many patients will now be able to avoid this.”

The results could also save up to $9 million per year in Canada due to reduced use of CT scans.

Dr. Carrier credits his success to excellent mentors, great team members and inspiring patients.

“As a researcher, I always appreciate when patients ask questions and challenge the medical dogma because this is where I get my ideas from,” said Dr. Carrier. “I think that all clinicians should foster an interest in research because it helps you understand the evidence and makes you more attentive to patients.”
Dr. Jeremy Grimshaw elected co-chair of the Campbell Collaboration

Dr. Jeremy Grimshaw has been elected co-chair of the Campbell Collaboration, an international research network that produces systematic reviews on the effects of social interventions in crime and justice, education, international development and social welfare. The international secretariat is located in Oslo and hosted by the Norwegian Knowledge Centre for Health Services. “I strongly believe that systematic reviews are the ‘right’ units of knowledge to inform public policy and personal decisions across all areas of human endeavour, and that it’s important to ensure that systematic reviews covering a broad range of topics are available for societies and their citizens,” said Dr. Grimshaw. Dr. Grimshaw is a long standing contributor to The Cochrane Collaboration, which focuses on health-related systematic reviews, and he has led Cochrane Canada since 2005. He has completed 35 systematic reviews (including 10 Cochrane reviews) on a wide range of topics.

He attended the two exploratory meetings that established the Campbell Collaboration and has participated in a number of Campbell activities since then. As Co-Chair of The Cochrane Collaboration, he worked to establish a formal partnership between Cochrane and the Campbell Collaboration recognizing the potential synergies between two strong sister organizations. He also has worked with the Campbell Collaboration leadership on two global evidence synthesis activities (the Global Evidence Synthesis Initiative and Evidence Synthesis International).

Dean Fergusson (left) and Bill Cameron (centre) were honored with the 2015 Departement of Medicine Mentorship Award. Phil Wells presented both with the award at the Department of Medicine Recognition Ceremony on November 19th.
**EPIgram:** What was your first job?
**DM:** Working on my parent’s dairy farm in PEI

**EPIgram:** What drives you to do research?
**DM:** At a basic level I think it’s fun to learn new things. Nowadays, I’m interested in understanding what we do in healthcare, and how that impacts patient outcomes. That way we can keep doing the good things, while changing the way we approach care in an informed way. At the end of the day it’s still fun though, especially working and collaborating with great people and using lots of different data sources.

**EPIgram:** What are you currently working on?
**DM:** I’ve got two main focus areas right now. The first is evaluating the outcomes of high risk surgical patients, primarily the frail elderly. With the frail elderly, we know that they have bad postop outcomes, but we still don’t have an adequate approach to identifying them before surgery, let alone intervening with these high risk patients to improve their health trajectory in the perioperative period. The second area is perioperative health services research, using data to understand and evaluate the health system around the time of surgery to get insight into how the system may impact patient outcomes.

**EPIgram:** If you hadn’t become an anesthesiologist what would you be doing?
**DM:** I probably would’ve done a PhD in chemistry and would be designing catalysts somewhere.

**EPIgram:** What do you like to do in your spare time?
**DM:** Enjoy the downtime at home, stay active, do a little travelling.

**EPIgram:** What’s the one thing about you few people know?
**DM:** I’m pretty good at milking cows.

**EPIgram:** What inspires you to do good?
**DM:** I think that’s what we’re here for.
**Daniel’s Favorites**

**Thing to eat:** Curry

**Sport and sports hero:** I’m a big New England Patriots and Tom Brady fan, regardless of what they say about his balls.

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**EPIgram: What are some goals you are still trying to accomplish?**

**DM:** I’d really like to play a role in shaping a redesign of perioperative care to make it more effective and efficient. I suspect that we probably need to focus more on continuity of care for our higher risk patients, but I’m still new and have lots to learn about this.

**EPIgram: What are you really bad at that you’d love to be great at?**

**DM:** I can’t draw. My kids tease me all the time about it.

**EPIgram: If you could possess one super-human power, what would it be? Why?**

**DM:** I’d like to be able to fly. Who wouldn’t want to fly?

**EPIgram: If you could trade places with anyone in the OHRI for one day, who would it be and why?**

**DM:** There are a lot of people that would be super interesting to switch places with, but if I had to choose one I’d have to say Alan Forster. There are a few reasons. I’d like to gain insight into bridging the research-hospital admin gap, and I’d like to see how you can have that many meetings in a day. I suspect I could only handle it for a day, though.

**EPIgram: Other than the present, which historical era would you like to have lived in?**

**DM:** I’d like to spend some time in Egypt, to see how the pyramids were really built.

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Daniel with his family at a Redblacks game and then at Mont Tremblant
Dr. Hillel Finestone (in photo), wrote a fictional short story called, “The National Praying League”, which was selected and published in October 2015 by the Oklahoma University school of medicine journal called "Blood and Thunder, Musings on Art and Medicine". Click HERE to read “The National Praying League”. 

Check out this link for all the new OHRI logos and templates: http://www.ohri.ca/extranet/communications/logostemplates.asp
Now in its 13th year, the University of Ottawa Centre for Transfusion Research (UOCTR), with funding support from the Canadian Blood Services, continues to build on its successful network of talented and multidisciplinary local, national, and international researchers centered at the Ottawa Hospital Research Institute. Of particular note are the research fellows who have gone on to take up research and/or clinical positions in Quebec City, Ottawa, Hamilton and Paris, France. The CTR’s national training program in clinical research currently has two fellows enrolled, and actively seeks additional candidates who want to begin or enhance their research experience in transfusion medicine, transplantation medicine or resuscitation/critical care research.

For the fiscal year 2015-2016, UOCTR Scientists published 16 papers, almost all in peer-review journals. In addition, there are 14 manuscripts at various stages of development.

In our last annual progress report we noted that 3 proposals were submitted to CIHR’s last Open Operating Grants competition. We are pleased to announce that all three were funded; Dr. Tay for the “Platelet Transfusions in Hematopoietic Stem cell Transplantation - The PATH Study” ($213,400; 2 years), Dr. McIntyre for the “Crystalloid FLUID Choices for Resuscitation of Hospitalized Patients: A Pragmatic Cluster Cross Over Pilot Trial” ($99,504; 1 year) and Dr. Breau for the “Tranexamic acid during cystectomy trial” ($394,050; 3 years). In addition, Dr. Knoll’s Foundation Scheme application, “A Research Program to Improve Patient Outcomes in Kidney Transplantation” was funded for 7 years ($3,871,800).

In the current fiscal year our Members have submitted research proposals for funding consideration to CIHR and to the AHSC-AFP Innovation Fund (Academic Health Science Centre-Alternate Funding Plan).

CTR Scientists meet on a quarterly basis to discuss ongoing projects, develop new projects and take care of CTR business. Members who are not able to participate in person join the meetings by teleconference and/or videoconference. The CTR is interested in inviting new Members whose research interests align with its mandate to join, take advantage of its resources and expertise and help expand its reputation.
Meet the Publications Officer

New resources at OHRI and CHEO RI to help improve publication quality

~by Kelly Cobey, Publications Officer

What does a publications officer do?
The central aim behind the Publications Officer position is to provide resources and educational outreach to researchers at OHRI and CHEO RI in order to ensure that publications are clearly and transparently reported. It is hoped that the Publications Officer’s services will help researchers to improve their manuscripts and get published quicker, with fewer revisions and resubmissions, in the best-suited journal.

An increasing literature suggests that publications are not currently fit-for-purpose. That is to say, many publications lack very basic information or are not reported transparently. This situation is regrettable as it means that knowledge is not being transmitted efficiently. To read more about the problems with biomedical publishing, please see a special issue recently published in the Lancet entitled ‘Research: increasing value, reducing waste’.

What types of outreach will be provided?
Throughout the year Kelly will be presenting on a variety of topics relevant to publishing, including those listed below. You can also arrange a one-to-one meeting to discuss your own publications.

- research integrity
- institutional policies and resources
- image manipulation
- selecting a journal to publish in
- how to use reporting guidelines
- open access and predatory journals
- metrics and altmetrics
- effectively responding to reviewer comments
Journalology is the study of publication science. This platform provides resources on how to write clear and complete manuscripts and on topics like publication integrity, open access, and metrics.

Visit the EQUATOR webpage to select an appropriate reporting guideline for your study:

http://www.equator-network.org/

Reporting guidelines are checklists that help authors to ensure that they have clearly reported a minimum set of information in their manuscript.

Set up a one-to-one meeting with the publications officer via email: kcobey@toh.on.ca

Questions?
If you have questions about the above information or issues relating to publishing, please contact the Publications Officer, Dr. Kelly Cobey (kcobey@toh.on.ca)
Researchers can increase their visibility through the use of Google Scholar Citations and connect with other experts to help promote collaboration. Google Scholar Citations is a profile made available to authors through Google Scholar that allows authors to track citations to their work. The benefit of Google Scholar Citations is how easy it is for an author to showcase their work unlike other academic profiling systems which require a subscription. And of course it is easily accessible via Google. The downside is that Google Scholar Citations is not a regulated citation index and thus the issue of data integrity does arise.

How to create a profile:
1. You need to sign up for a regular Google account if you don’t already have one. Once you’ve signed in to your Google account, the Citations sign up form will ask you to confirm your name, and to enter your affiliation, research interests, etc.
2. On the next page, you’ll see groups of articles written by people with names similar to yours. Click ”Add all articles” next to each article group that is yours, or ”See all articles” to add specific articles from that group. If you don’t see your articles in these groups, click ”Search articles” to do a regular Google Scholar search, and then add your articles one at a time.
3. Once you’re done with adding articles, it will ask you what to do when the article data changes in Google Scholar. You can either have the updates applied to your profile automatically, or you can choose to review them beforehand.
4. Finally, you will see your profile. You can upload your photo and verify all the information. Once you are satisfied, make your profile public so people can find your name when searching.

Tips:
• Make sure your profile is public to increase your visibility
• Keep on top of missing publications in your profile.
• Ensure all the publications you want discovered are findable through such places as institutional repositories, personal websites, or open repositories such as SlideShare
• Monitor your profile as Google will add references that aren’t yours. You can prevent this by using the profile setting of - “Don’t automatically update my profile.”
• Use the “Follow” option so you will be alerted when your publications have been cited

If you have any questions or need help using Google Scholar Citations please contact:
Alexandra Davis – adavis@toh.ca
Halloween fun at the Ottawa Blood Disease Centre

The Ottawa Blood Disease Centre had a friendly competition for Halloween to see who could spook out their office the best.
“I’m an open book really, not much is off topic for me.”

~Jennifer Brinkhurst
Jennifer Brinkhurst

**EPlgram:** What was your first job?
**JB:** McDonald’s. I started the summer before grade 9 when I was 14 and worked there throughout all of high school.

**EPlgram:** What drives you to do research?
**JB:** I think I just really like to solve problems and help people. As a Research Coordinator, it is my job to make sure the studies I work on run smoothly while ensuring the data is collected with integrity.

**EPlgram:** If you hadn’t become someone who works in research, what would you be doing?
**JB:** I think I would be a musician...or a music teacher! Music is a large part of my life. I grew up in a very musical family where almost everyone plays an instrument or sings. Family gatherings have always included sitting around with guitars, fiddles, and even an accordion.

**EPlgram:** What do you like to do in your spare time?
**JB:** I’m usually practicing my Tenor Saxophone – being part of two community bands means that I have a lot of music to learn and many concerts to play. When I’m not rehearsing, I can usually be found curled up with a book. I get really involved in the stories and sometimes find that a whole day has passed.

**EPlgram:** What one word would you use to describe yourself?
**JB:** Grounded. I think I have always had a good head on my shoulders – I’m logical but I have a big heart which I feel keeps my rational and irrational sides balanced.

**EPlgram:** What’s the one thing about you few people know?
**JB:** That’s a good question....I’m an open book really, not much is off topic for me.

**EPlgram:** What inspires you to do good?
**JB:** When I look at the people around me and see the little things that people do for others that are truly appreciated, I know that I want to make someone that happy too. I think there is a lot of craziness in this world but also a lot of good. I encourage my kids to always be kind and to treat people how they want to be treated.

**EPlgram:** Where did you grow up and what was it like?
**JB:** I’m a local girl. Growing up in Ottawa makes me feel truly lucky. This city is beautiful and full of culture – the many festivals throughout the year are a testament to Ottawa’s diversity. When I see the reactions from people visiting or new to Ottawa and how impressed they are with the events and scenery and markets and parks, I can only feel lucky to have always called Ottawa home.

**EPlgram:** What are some goals you are still trying to accomplish?
**JB:** Travel. Marrying and having children young did not leave a lot of room or money for travel but there are so many places that I want to see and experience. Now that my children are getting older we definitely look forward to sharing these journeys with them. I think that now when we go, the kids will be able to appreciate the cultures and food and heritage that comes with visiting places not home. The question is: where to visit first?

**EPlgram:** What are you really bad at that you’d love to be great at?
**JB:** Singing! Hahaha. Seriously, I can read and play music but for some reason, I can never find the right note with my voice. So, I keep to singing in my car but not in public!
**EPIgram:** Do you have any phobias?
**JB:** Just thinking about this question is making my skin crawl! I seriously have a phobia of cockroaches. Seeing and hearing them (in real life or on tv), hearing people talk about them...reading about them in a book. It all makes me very jittery and queasy. There are many insects that I could seriously live without having ever seen but I have not encountered anything else that paralyzes me to the same extent.

**EPIgram:** What actor would play you in a movie about your life?
**JB:** I think Julia Roberts – not just because she is beautiful but because she seems so down to earth. I love that she keeps her personal life out of the media circus. Every interview with Julia Roberts that I have seen or read has always given me the feeling that she is just “real.” I think I am a simple to please, easy-going person and that’s what I think about her, so I feel like it would be a good fit!

**EPIgram:** If you could possess one super-human power, what would it be? Why?
**JB:** To be able to heal with my touch. It hurts me to see people suffering, it’s sometimes a very overwhelming feeling, and I think if only I can touch them to make their sickness or injuries better or take the pain away then that would be amazing. I think in a way, we all possess this ability...maybe not to the extent of completely healing the terminally ill or tragically injured but enough to share compassion and provide strength and empathy. Touch is powerful.

**EPIgram:** What is your definition of “happiness”?
**JB:** Being with my family. Whether we are just hanging around the house, watching a movie, going for a walk, or, my favorite, camping; I love spending time with my family. Watching as my children grow and sharing in their discoveries of the amazing world around them makes me very happy and very proud.

**EPIgram:** What do you consider to be the most significant world/political event that has occurred during your life?
**JB:** I think the fall of the Berlin Wall. I was only 12 when this started to happen but it was an end of an era. I remember the elation that was shown in the media and that I witnessed from the adults around me. I remember a childhood friend who went to Germany after this and came home with a piece of the wall and realizing how real this change was.

---

**Jennifer’s favorites**

Foods: Chips and chocolate. I love sweet and salty together!

T.V. show: Grey’s Anatomy...lol. It’s not that it’s a medical show but more the characters that I think are really great and spunky.

Music individual or band: there isn’t just one. I really have an appreciation for all genres from baroque and classical to jazz and big band to pop, rock and country. I’m constantly channel surfing and changing up my Songza playlists.
OMG! OMC is making babies

So the OMC team has been busy analyzing data, running statistics, and producing babies?? Elham Sabri welcomed her 2nd girl in December and Daniel Corsi added twins to his already family of three in October. Catherine Bordeleau, on the Data Management Team, is expecting her 2nd child in the coming months.

OMC SPOR Program Facilitator
Zarah Monfaredi

Zarah completed her Master of Science (MSc) at the University of Edinburgh in Global Health and Public Policy. In her capacity as OMC SPOR Facilitator, she works to promote patient-oriented research methods and supports more effective, cost-efficient ways of delivering health care.

SPOR-OMC@toh.ca
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<th>Project &amp; CEP Investigator(s)</th>
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<td><strong>A Research Program to Improve Patient Outcomes in Kidney Transplantation</strong></td>
<td>CIHR Foundation Scheme</td>
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<td>Greg Knoll (PI)  Dean Fergusson  Alan Forster  Shawn Marshall  Tim Ramsay</td>
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<td><strong>Promoting implementation of evidence-based care</strong></td>
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<td><strong>Moving knowledge into action for more effective practice, programs and policy: A research program focusing on integrated knowledge translation</strong></td>
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<td><strong>Getting knowledge now: are rapid reviews the way to go?</strong></td>
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<td><strong>Spotlight on HIV/HCV Co-infection</strong></td>
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<td>Shi Wu Wen (PI)</td>
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<td><strong>Highlighting and Translating HIV Research Excellence</strong></td>
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<td><strong>Implementation of a prostate cancer decision aid within routine clinical practice: Evaluation of patient outcomes and practice variation</strong></td>
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<td>Validation and Implementation of the Canadian Syncope Risk Scale for Risk-Stratification of</td>
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<td>Syncope Patients in the Emergency Department</td>
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<td>Risk Stratification of Adult Emergency Department Syncope Patients to Predict Short-term</td>
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<td>A Pragmatic Strategy Empowering Paramedics to Assess Low-Risk Trauma Patients with the</td>
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<td>The PRICE Trial: Phlebotomy resulting in controlled hypovolemia to prevent blood loss in</td>
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<td>Guillaume Martel (PI)</td>
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<td>Impact of Respiratory Viruses in Canadian COPD Patients: A Multi-Centre Cohort Study</td>
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<td>Sunita Mulpuru (PI)</td>
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Application of whole genome sequencing to uncover transmission dynamics and quantify transmission of smear negative TB disease in Iqaluit, Nunavut
Gonzalo Alvarez (PI)  
Marc Desjardins  
Shawn Aaron  
Sunita Mulpuru

Ontario Thoracics Society/Canadian Lung Association  
1 yr

Rapid review of adverse events of rifapentine for the treatment of latent TB infection
Gonzalo Alvarez (PI)  
David Moher  
Brian Hutton

CIHR - DSEN  
1 yr

Ian Stiell (PI)  
Christian Vaillancourt

Heart and Stroke Foundation and CIHR  
5 yrs

2015 Evidence Review Synthesis Centre
David Moher (PI)  
Kumanan Wilson  
Beverly Shea  
Vivian Welch  
Greg Knoll  
Brian Hutton  
Kednapa Thavorn

Nova Scotia Health Research Foundation  
2 yrs

Margherita Penne

Ingredients
12 oz (375 g) penne pasta  
2 tbsp (30 mL) butter  
4 cloves garlic, minced  
1 1/2 tsp (7 mL) dried thyme  
1/2 tsp (2 mL) salt  
1/4 tsp (1 mL) hot pepper flakes  
2 tbsp (30 mL) all-purpose flour  
2 1/2 cups (625 mL) Milk  
2 cups (500 mL) cherry tomatoes, cut in half  
1/2 cup (125 mL) grated Canadian Parmesan  
12 1-inch (2.5 cm) mini Canadian Bocconcini  
1/2 cup (125 mL) fresh basil leaves, thinly sliced  
Canadian Parmesan, for serving

Prep. Time: 10 mins  
Cooking Time: 13 mins  
Yields: 4 to 6 Servings

Preparation
In a large pot of boiling salted water, cook pasta for about 11 min or until al dente, or according to package directions.

Meanwhile, in a large pot, melt butter over medium heat. Add garlic, thyme, salt and hot pepper flakes. Cook 1 min. Sprinkle with flour; cook, whisking for 1 min. Gradually whisk in milk. Bring to a boil and reduce heat. Whisk for 3 to 5 min or until smooth and thickened. Stir in tomatoes and Parmesan.

Drain pasta and return to pot. Pour in sauce; toss, stirring 1 to 2 min over medium heat to coat pasta. Stir in Bocconcini, basil and salt to taste, if needed. Serve with grated Parmesan. www.dairygoodness.ca
What is a:

**Workplace incident:** It is a sudden work-related event, such as an accident or a near miss that results in, or could have resulted in, harm to people or damage to property.

**Near miss:** It is an unplanned event that did not result in harm, injury, illness or property damage but had the potential to do so. In other words, had the circumstances been slightly different, an injury or damage could have occurred.

**Hazard or Hazardous condition:** These are circumstance(s) or workplace conditions that can cause harm to a person (injury or illness), property damage or equipment losses.

If you suffer a workplace incident, please ensure that an **Employee Incident Report Form** is submitted to TOH Occupational Health Services within 48 hours of the incident and that a copy is forwarded to the OHRI Research Safety Office at ohiresearchsafety@ohri.ca to ensure adequate follow-up.

**Common everyday incidents:**

- Slip and trips
- Bad work ergonomics
- Air quality issues
- Hazardous conditions (e.g. hanging computer wires, loose carpet)
- Sharps incidents (e.g. needle stick injuries)
- Near misses

You can find Employee Incident Report Forms at your First Aid station, or they can be obtained from TOH Occupational Health Services.
Clinical Research Week

A Success!

The Ottawa Hospital celebrated “Clinical Research Week” October 19th to the 23rd and was host to numerous sessions and activities focused on clinical research.

~ by Tammy Beaudoin, Clinical Research Monitor & Facilitator

Monday

The kickoff to the week was an open-house poster session where OHRI teams had the opportunity to showcase their work and provide others with a glimpse into the numerous research successes that are an everyday part of life at The Ottawa Hospital. Attendees were welcomed by Dr. Bill Cameron, the recently appointed Medical Director Clinical Research. Dr. Cameron highlighted the importance of clinical research and the difference it makes in enhancing the care we provide at The Ottawa Hospital.

On Tuesday, Medical Grand Rounds focused on patient engagement, with a special presentation by guest speaker Dr. Susan Zickmund from Pittsburgh Pennsylvania. The session was well attended and provided a great opportunity to discuss this important initiative with Dr. Zickmund. The remainder of the morning, targeted at OHRI Investigators, featured external and local speakers presenting a variety of topics related to patient engagement and efficiencies in research.

Another feature of this year’s clinical research week was a Nursing Research day which provided a forum for TOH nurses to learn more about clinical research, including research methods, tips for working with the REB, good documentation practice, regulations and publishing strategies.
Wednesday
In keeping with Federal and Provincial strategies to increase patient engagement in clinical research, the clinical research administration team joined forces with Dr. Dean Fergusson’s SPOR team and hosted a community session on Wednesday evening at the RA Centre. This session was open to the public and provided background about the SPOR initiative and ideas for implementing this strategy at TOH. Patients need to play a bigger role in the research activities that happen at The Ottawa Hospital. Through SPOR initiatives and changing research culture, we recognize that patients are our most valuable stakeholders and that engaging them in research activities from conception to endpoint can only enhance the research that we do. Patients are the frontline as we are all working to improve treatments, outcomes, and experiences for patients in our community and around the world. As we move into the future, our research activities should be based on the wants, needs and concerns of our community members. Their voices should and will become our inspiration. Those in attendance were treated to talks by OHRI investigators and TOH patients who have been involved in clinical research. Learning about how to make this happen and to engage patients in ways that allows for solid contribution to a clinical research trial was described by Dr. Marc Carrier and Dr. Lauralyn McIntyre, two OHRI investigators who took those first steps and are now able to speak to the value of the patients’ input with whom they worked. Dr. Ian Graham provided an insightful talk that provided the perspective of the patient as the consumer of research. The session certainly solidified the fact that our patients are the reason we do what we do!

The 10th Annual Clinical Research Training Course (CRTC) took place on Thursday at the General Campus, a new venue for the course. The morning flew by as those in attendance heard about N2 and the initiative to streamline clinical trials and learned more about patient engagement activities and initiatives. Workshops filled the afternoon and provided interactive opportunities for all who participated. The focus of these workshops included patient engagement, science and the media, tips for publishing manuscripts and trial management themes. Over 100 people were in attendance to celebrate the 10 year milestone.
Friday
The week wrapped up with an informative talk on privacy that was tailored to a clinical research audience followed by a great finale - The Ottawa Hospital’s inaugural “Clinical Research Inspire Awards Ceremony”. These awards were developed in order to recognize the outstanding clinical research personnel that we work with every day who live the TOH values and who inspire others to live the values of TOH. A total of 16 nominations were submitted and a review team evaluated the nominations and scored them accordingly. Congratulations to Ruth White, OB/GYN research (Outstanding Clinical Research Manager), Louise Lebel, clinical epidemiology and Deborah Keller, cancer research (Outstanding Clinical Research Personnel).

A huge thank you to everyone who assisted in putting the week together and thank you to those who show their continued support for clinical research at The Ottawa Hospital by speaking at the sessions, promoting our events and attending the talks and workshops. It is this commitment and dedication that ensures TOH research is recognized world-wide. ☀

A big CEP THANK YOU to the organizers of Clinical Research Week 2015. Their hard work and dedication made the week a great success.

Tammy Beaudoin
Nancy Camack
Lynn Gagne
Chantelle Garritty
Hope Senechal
Beverley Shea
Lucy Turner
Marc Venturi
Robert Wouda
The Guinea Pig Myth
~ by Tammy Beaudoin, Clinical Research Monitor & Facilitator

As professionals involved in clinical research, we know the ins and outs, the lingo, the acronyms and the numerous guidelines, regulations and standards to which we are required to adhere ...BUT....what about our patients?

Imagine you’ve just been told that you have a chronic, life altering disease or that your doctor is unsure as to the best treatment method for you or that your results have come back and you are now included in the hundreds of patients diagnosed with cancer. Your head may be spinning, the blood may have drained from your body and your heart may be pounding in your ears. Then it happens, you are asked if you would consider being in a research study or trial. Enter confusion, apprehension and fear. As we have heard numerous times in the past – “I don’t want to be a guinea pig”. What do you tell your patients? What information can you provide to them? There’s help out there!

OHRI is a member of the Network of Networks (N2), a group of research professionals from across the country who work together to simplify clinical research and ensure standardization across the board. This group has been responsible for developing the CITI online training courses that we are lucky to have available to us (GCP, Division 5, TDG, and others) and most recently their Clinical Trial and Education Awareness Committee has launched a website that is aimed at simplifying clinical research for our friends, patients and families across Canada.

“It Starts With Me” was developed by the N2 committee with input from patients and caregivers about what they would like to see in relation to demystifying clinical research for the lay person. The committee was supported by a CIHR SPOR Patient Engagement Collaboration Grant and we are thrilled to announce that the site is up and running and was officially launched on October 26th!

We encourage you to check out the site www.itstartswithme.ca and to refer your patients, families and friends to the site when they are asking for more information about clinical research. Check it out! 🧐
## CEP Appointment Update

Congratulations on these appointments and promotions (July to December) in the Clinical Epidemiology Program

### Scientist
- Simon Hatcher (MD, Department of Mental Health, Division of Psychiatry)

### Associate Scientist
- Sylvain Boet (MD, Department of Anesthesiology)
- Gregory Bryson (MD, Department of Anesthesiology)
- Juthaporn Cowan (MD, Department of Medicine, Division of Infectious Diseases)
- Mary-Anne Doyle (MD, Department of Mental Health, Division of Psychiatry)
- Natasha Kekre (MD, Department of Medicine, Division of Hematology)
- Luke Lavallée (MD, Department of Surgery, Division of Urology)
- Daniel McIsaac (MD, Department of Anesthesiology)
- Tiago Mestre (MD, Department of Medicine, Division of Neurology)
- Patricia Poulin (MD, Department of Mental Health, Division of Psychology)
- Michel Shamy (MD, Department of Medicine, Division of Neurology)

### Clinician Investigator
- Muhammad Bayat (MD, Dept. of Medical Imaging)
- Ms. Janice Bissonnette (Manager, Nephrology Clinics, Renal Transplant Program)
- Loree Boyle (MD, Dept. of Medicine, Division of General Medicine)
- Shirley Bush (MD, Dept. of Medicine, Division of Palliative Care)
- Warren Cheung (MD, Dept. of Emergency)
- Edward Clark (MD, Dept. of Medicine, Division of Nephrology)
- Darine El-Chaar (MD, Dept. of Obstetrics/Gynecology/Newborn Care, Division of Maternal-Fetal Medicine)
- Ruth Ellen (MD, Dept. of Medicine, Division of Geriatrics)
- Simone Fahim (MD, Dept. of Medicine, Division of Dermatology)
- Jason Frank (MD, Dept. of Emergency)
- Jordan Hudson (MD, Dept. of Anesthesiology)
- Jelena Ivanovic (Manager, Quality & Patient Safety, Dept. of Surgery)
- Paul James (MD, Dept. Of Medicine, Division of Gastroenterology)
- Rakesh Jetly (MD, Dept. of Medicine, Division of Physical Medicine and Rehabilitation)
- Stephanie Johnson-Obaseki (MD, Dept. of Otolaryngology, Division Of Head & Neck Surgery)
- Lara Khoury (MD, Department of Medicine, Division of Geriatrics)
- Daniel Kobewka (MD, Dept. of Medicine, Division of General Medicine)
- Kwadwo Kyeremanteng (MD, Dept. of Medicine, Division of Palliative Care)
- Erika MacDonald (Pharmacy)
- Ms. Colleen MacPhee (Advanced Practice Nurse, Dept. of Psychiatry)
- Sherissa Microys (MD, Dept. of Critical Care)
- Laura Muldoon (MD, Dept. of Family Practice)
- Aleisha Murnaghan (MD, Dept. of Emergency)
- Amy Neville (MD, Dept. of Surgery, Division of General Surgery)
- Suzanne Obiroah (Chief of Dietetics)
- Henrique Parsons (MD, Dept. of Medicine, Division of Palliative Care)
- Chris Pysyk (MD, Dept. of Anesthesiology)
- Isabelle Raiche (MD, Dept. of Surgery, Division of General Surgery)
- Gloria Rockwell (MD, Dept. of Surgery, Division of Plastic Surgery)
- Aimee Sarti (MD, Dept. of Critical Care)
- Carolina Souza (MD, Dept. of Medical Imaging) (re-appointed)
Clinician Investigator con’t
Ed Spilg (MD, Dept. of Medicine, Division of Geriatrics)
Lara Williams (MD, Dept. of Surgery)
Jing Zhang (MD, Dept. of Surgery, Division of Plastic Surgery)

Senior Clinician Investigator
Fahad AlKherayf (MD, Department of Surgery, Division of Neurosurgery)
Antonio Cabral (MD, Division Head, Department of Medicine, Division of Rheumatology)
Frank Rybicki, Chief, Dept. of Medical Imaging

Affiliate Investigators
Dr. Chantal Backman (PhD nursing, MHA, University of Ottawa)
Dr. Ferran Catalá-López (Pharm.D., PhD, MPH, MSc University of Valencia, Spain)
Dr. Michaël Chassé (MD, PhD, FRCP, Université Laval)
Dr. Jason Tay, formerly an Associate Scientist in CEP
Dr. Alexis Turgeon (MD, PhD, FRCP, Université Laval)
Dr. Beverly Shea (PhD, Bruyère Research Institute (BRI))

Promotions
Brian Hutton promoted to Scientist
Lauralyn McIntyre promoted to Senior Scientist
Timothy Ramsay promoted to Senior Scientist
Andrew Seely promoted to Scientist
Janet Squires promoted to Scientist
Venkatesh Thiruganasambamoothy promoted to Scientist

Save the Date!

<table>
<thead>
<tr>
<th>April 27, 2016</th>
<th>April 27</th>
<th>May 20, 2016</th>
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<tbody>
<tr>
<td>OHRI Scientific Retreat (for Scientists /Investigators)</td>
<td>Administrative Professionals Day</td>
<td>International Clinical Trials’ Day (page 38)</td>
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<tr>
<td>June 13-17</td>
<td>August 5 (tentative)</td>
<td>September 11</td>
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<tr>
<td>TOH Staff Appreciation Week</td>
<td>OHRI Picnic</td>
<td>The Ride</td>
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<td>week of October 17</td>
<td>November 10</td>
<td>December 5-9</td>
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<tr>
<td>Clinical Research Training Course Week</td>
<td>OHRI Research Day</td>
<td>TOH Staff Holiday Receptions</td>
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2015 OHRI Research Day

On November 18th, Clinical Epidemiology Program gathered with the rest of The Ottawa Hospital Research Institute to celebrate research at the 15th annual Research Day.

Here are some CEP highlights from the day...

Dr. Goodman Cohen Summer Student Award:

- Senior Award: Olivia Cook (Supervisor: Dr. Venkatsh Thiruganasambandamoorthy group) “Reasons for Referrals and Hospital Admissions among Emergency Department Syncope Patients”
- Junior Award: Lubina Nayak (Supervisor: Dr. Rodney Breau) “Continence and Complications in Patients with Neobladder Diversions”
Marc Avey presenting: An analysis of Reporting According to the ARRIVE (Animal Research: Reporting of In Vivo Experiments) Guidelines for Pre-Clinical Studies of Mesenchymal Stromal Cells for the Treatment of Acute Lung Injury

Amy Hsu (Supervisor: Douglas Manuel) presented: Health care transitions among people with dementia at the end of life
2015 CEP Rounds on Rewind

A big **Thank you** to all of the presenters in 2015*.
Missed a presentation? Just click on the title of a presentation below or go to [http://webcast.otn.ca/](http://webcast.otn.ca/) and search using the OTN event id to view an archived presentation.

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title (OTN event id)</th>
</tr>
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<tbody>
<tr>
<td>Curtis Cooper</td>
<td>Hepatitis C, Diabetes and Liver Fibrosis (39656714)</td>
</tr>
<tr>
<td>Shi Wu Wen</td>
<td>Health effects of cesarean delivery (39657359)</td>
</tr>
<tr>
<td>Peter Tugwell</td>
<td>When should systematic reviews be replicated and when should they not? (39657352)</td>
</tr>
<tr>
<td>Sanjay Murthy</td>
<td>Using Ontario Health Administrative Data to Study Inflammatory Bowel Disease (39657403)</td>
</tr>
<tr>
<td>Alan Forster</td>
<td>Reaching top 10 in healthcare quality - is TOH getting closer? (39657435)</td>
</tr>
<tr>
<td>Andrew Seely</td>
<td>A vision for surgical quality improvement within the Ottawa Hospital Department of Surgery (39657447)</td>
</tr>
<tr>
<td>Daniel McIsaac</td>
<td>Optimizing the perioperative care of the frail elderly (39657476)</td>
</tr>
<tr>
<td>Carl van Walraven</td>
<td>How I learned to stop worrying and love competing risks (39657484)</td>
</tr>
<tr>
<td>Sunita Mulpuru</td>
<td>Respiratory Infection Control in Acute Care Hospitals (39657514)</td>
</tr>
<tr>
<td>Andrea Benedetti</td>
<td>Individual patient data meta analyses: are they worth the trouble? (39657546)</td>
</tr>
<tr>
<td>Dean Fergusson</td>
<td>Is fresh blood better? The ABLE trial in ICU patients (45124880)</td>
</tr>
<tr>
<td>Rodney Breau</td>
<td>Unlinking Prostate Cancer Diagnosis and Treatment (39657590)</td>
</tr>
<tr>
<td>Shane English</td>
<td>Red Blood Cell Transfusion in aneurysmal Subarachnoid Hemorrhage: Does a Restrictive Strategy Apply? (39657609) <strong>Note:</strong> Presentation begins at time marked 33:23</td>
</tr>
<tr>
<td>David Moher</td>
<td>You are invited to submit to a potential predatory journal (39657617)</td>
</tr>
<tr>
<td>Geert-Jan Geersing</td>
<td>Individualized prediction in pulmonary embolism; novel concepts and future ideas (39657625)</td>
</tr>
<tr>
<td>Roger Stanev</td>
<td>Data and Safety Monitoring Committee Decision-Making (39578491)</td>
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<tr>
<td>Kelly Cobey</td>
<td>Solutions to waste in biomedical publishing: Introducing the Publications Officer (39578499)</td>
</tr>
<tr>
<td>Lisa Calder</td>
<td>Lessons Learned from Testing an Innovative Method to Improve Situational Awareness during Resuscitation (39578507)</td>
</tr>
<tr>
<td>Dayre McNally</td>
<td>Vitamin D deficiency: Does it matter for the critically ill? (39578535)</td>
</tr>
<tr>
<td>Monica Taljaard</td>
<td>A real-world stepped wedge case study: Trial, error, and some statistical jiggery pokery? (39578543)</td>
</tr>
<tr>
<td>Jeremy Grimshaw</td>
<td>Increasing value and reducing waste in implementation research (39578551)</td>
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<tr>
<td>Amber Molnar</td>
<td>Predicting Graft Loss Following Acute Kidney Injury in Patients with a Kidney Transplant (39578559)</td>
</tr>
<tr>
<td>Jamie Brehaut</td>
<td>Using Feedback to Improve Practice: Many ways to do it right, even more ways to do it wrong (39578567)</td>
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<tr>
<td>Grégoire Le Gal</td>
<td>Controversies in the Diagnosis of Venous Thromboembolism (39578575)</td>
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<tr>
<td>Daniel Korevaar</td>
<td>Including Unpublished Data in a Systematic Review of Diagnostic Accuracy Studies (39578583)</td>
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<tr>
<td>David Allan</td>
<td>Heterogeneity in studies of mesenchymal stromal cells to treat or prevent graft versus host disease after hematopoietic cell transplantation: a scoping review of the evidence (39578621)</td>
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</tbody>
</table>

*only archived presentations are listed.

2016 CEP Rounds presenters

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Date or presentation (OTN event id)</th>
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<tbody>
<tr>
<td>Kathy Momtahan &amp; Jordan Hudson</td>
<td>Multi-disciplinary handover: An observational study of common and unique content in general internal medicine, surgery and the ED (49022613)</td>
</tr>
<tr>
<td>Jeff Kiernan</td>
<td>Evolving Histocompatibility Considerations in Cell Therapy (49023376)</td>
</tr>
<tr>
<td>Mark Walker</td>
<td>Better Outcomes Registry and Network (BORN): Entering the Domain of Virtual Medicine Theory and Practice (49023654)</td>
</tr>
<tr>
<td>John Frank</td>
<td>Seven key societal investments for health equity: Scotland, The UK, and Canada compared (49023815)</td>
</tr>
<tr>
<td>Colin McCartney</td>
<td>Defining the outcomes that matter for perioperative pain medicine (49023879)</td>
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</tbody>
</table>
2016 CEP Rounds presenters

<table>
<thead>
<tr>
<th>Name</th>
<th>Date and Phone</th>
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<tbody>
<tr>
<td>Paul Beaulé</td>
<td>March 4</td>
</tr>
<tr>
<td>Justin Presseau</td>
<td>March 11 (49025958)</td>
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<tr>
<td>David Schramm</td>
<td>April 1 (49026092)</td>
</tr>
<tr>
<td>Guillaume Martel</td>
<td>April 8 (49026126)</td>
</tr>
<tr>
<td>Dawn Stacey</td>
<td>April 15 (49026166)</td>
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<tr>
<td>Steven Hawken</td>
<td>April 22 (49026174)</td>
</tr>
<tr>
<td>Sylvain Boet</td>
<td>April 29 (49026241)</td>
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<tr>
<td>Patricia Poulin</td>
<td>May 6 (49026280)</td>
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<tr>
<td>Mary-Anne Doyle</td>
<td>May 13 (49026349)</td>
</tr>
<tr>
<td>Kumanan Wilson</td>
<td>May 20 (49026391)</td>
</tr>
<tr>
<td>Karla Hemming (visiting)</td>
<td>May 27 (49026453)</td>
</tr>
<tr>
<td>Julie Beaulac</td>
<td>June 3 (49039151)</td>
</tr>
<tr>
<td>Marc Carrier</td>
<td>June 10 (49039179)</td>
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<tr>
<td>Lana Castellucci</td>
<td>June 17 (49039211)</td>
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<tr>
<td>Vicente Corrales Medina</td>
<td>June 24 (49039239)</td>
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<tr>
<td>Esteban Gandara</td>
<td>September 9 (49039269)</td>
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<tr>
<td>Laura Gaudet</td>
<td>September 16 (49039297)</td>
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<tr>
<td>Ian Graham</td>
<td>September 23 (49039327)</td>
</tr>
<tr>
<td>Brian Hutton</td>
<td>September 30 (49039371)</td>
</tr>
<tr>
<td>Salmaan Kanji</td>
<td>October 7 (49039395)</td>
</tr>
<tr>
<td>Doug Manuel</td>
<td>October 14 (49039423)</td>
</tr>
<tr>
<td>Smita Pakhale</td>
<td>October 21 (49039528)</td>
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<tr>
<td>Doug Coyle</td>
<td>November 4 (49039573)</td>
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<tr>
<td>Janet Squires</td>
<td>November 25 (49039629)</td>
</tr>
<tr>
<td>Manish Sood</td>
<td>December 2 (49039661)</td>
</tr>
<tr>
<td>Kednapa Thavorn</td>
<td>December 9 (49039693)</td>
</tr>
<tr>
<td>Lisa Duffet</td>
<td>December 16 (49039727)</td>
</tr>
</tbody>
</table>

International Clinical Trials Day!

It's celebrated around the world on or near May 20 each year in order to celebrate the day that James Lind started what is often considered the first randomized clinical trial into the causes of scurvy aboard a ship on May 20, 1747.
July


August


September


43. Do evidence summaries increase policy-makers’ use of evidence from systematic reviews: A systematic review protocol. Welch V, Tugwell P. Syst Rev. 2015 Sep 28;4:122.


74. Yet Another Flawed "Placebo Controlled” Study in Crohn’s Disease? Greenstein RJ, Cameron DW, Brown ST. Foodborne Pathog Dis. 2015 Sep 29;6:1036.


November


151. Improved Prediction of CD34+ Cell Yield before Peripheral Blood Hematopoietic Progenitor Cell Collection Using a Modified Target


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December


*Highlighted names = CEP staff
This publication list was compiled using PubMed searches on all CEP Scientists. We tried our best to make this list all inclusive. Please accept our apologies for any oversight(s).
1. https://ehealth.heartandstroke.ca/ (page 3)
2. https://www.projectbiglife.ca/elderly/ (page 4)
3. https://www.projectbiglife.ca/ (page 5)
6. https://www.ruor.uottawa.ca/ (page 17)
Did you know?

The Publications Officer (page 16) is one of four recommendations suggested by Moher et al to help improve the medical research literature. The other three recommendations include:

- Core Competency Training of medical editors
- Training authors to write articles “fit for purpose”
- Training peer reviewers


Most scientists regarded the new streamlined peer-review process as “quite an improvement.”