

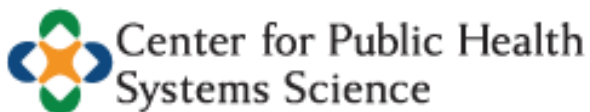


Institute of **C**linical and
Translational **S**ciences

 **Washington University in St. Louis**
SCHOOL OF MEDICINE

Tracking and Evaluation on the Individual and Enterprise Level

Washington University Institute of Clinical and Translational Sciences
Tracking & Evaluation team: WU ICTS Administrative Core, WU Clinical
Research Training Center, WU Center for Public Health Systems
Science, and Bernard Becker Medical Library



Center for Public Health
Systems Science

CLINICAL RESEARCH
TRAINING CENTER (CRTC)

BERNARD BECKER
MEDICAL LIBRARY
delivering knowledge, informing decisions

Introductions

ICTS T&E

WORKSHOP ATTENDEES

Acknowledgement

Supported by the Clinical and Translational Science Award (CTSA) program of the National Center for Advancing Translational Sciences (NCATS) at the National Institutes of Health (NIH)
Grant Numbers UL1 TR000448, KL2 TR000450, TL1 TR000449

Introduction to CTSAs and ICTS

Kristi L. Holmes, PhD

Hold on to your hats.

Objectives

1. Understand the **activities, tools, and logistics for assessing** research productivity
2. Have a better understanding of **evaluation activities for groups or individuals** anywhere along the academic career trajectory, from scholars to tenured faculty
3. Understand **data sources** and **how they can be leveraged** in assessment of impact and research discovery
4. Understand **how to tell the story of research impact** and **strategies to enhance research impact**





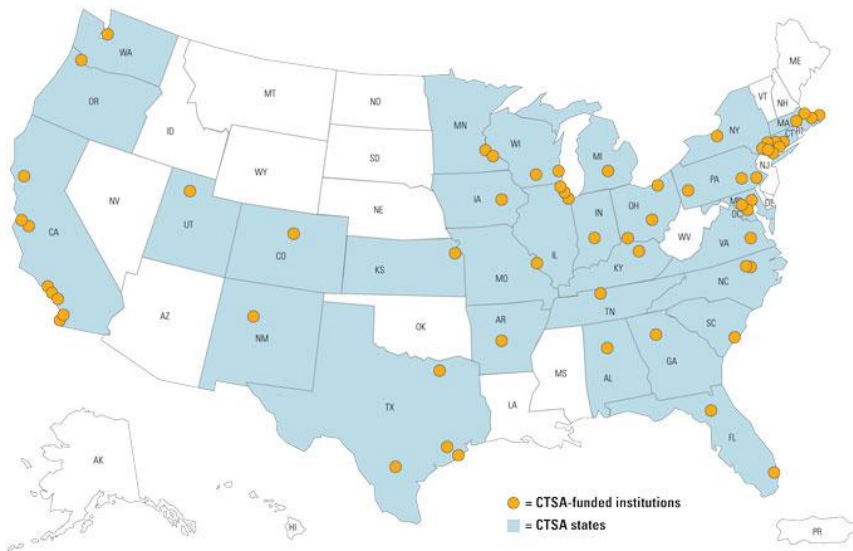
Institute of **C**linical and
Translational **S**ciences



Translational Research

Working Together, Sharing a Vision

The CTSA Consortium aims to improve human health by transforming the research and training environment to enhance the efficiency and quality of clinical and translational research.



The CTSA consortium has *five Strategic Goals*:

- National Clinical and Translational Research Capability
- The Training and Career Development of Clinical and Translational Scientists
- Consortium-Wide Collaborations
- The Health of our Communities and the Nation
- T1 Translational Research



ICTS Strategic Goals

- Transform our **research support infrastructure** to foster multidisciplinary clinical & translational research
- Expand & enhance clinical & translational **research education**
- Promote & facilitate **regional & national partnerships**



ICTS Tracking & Evaluation Goals

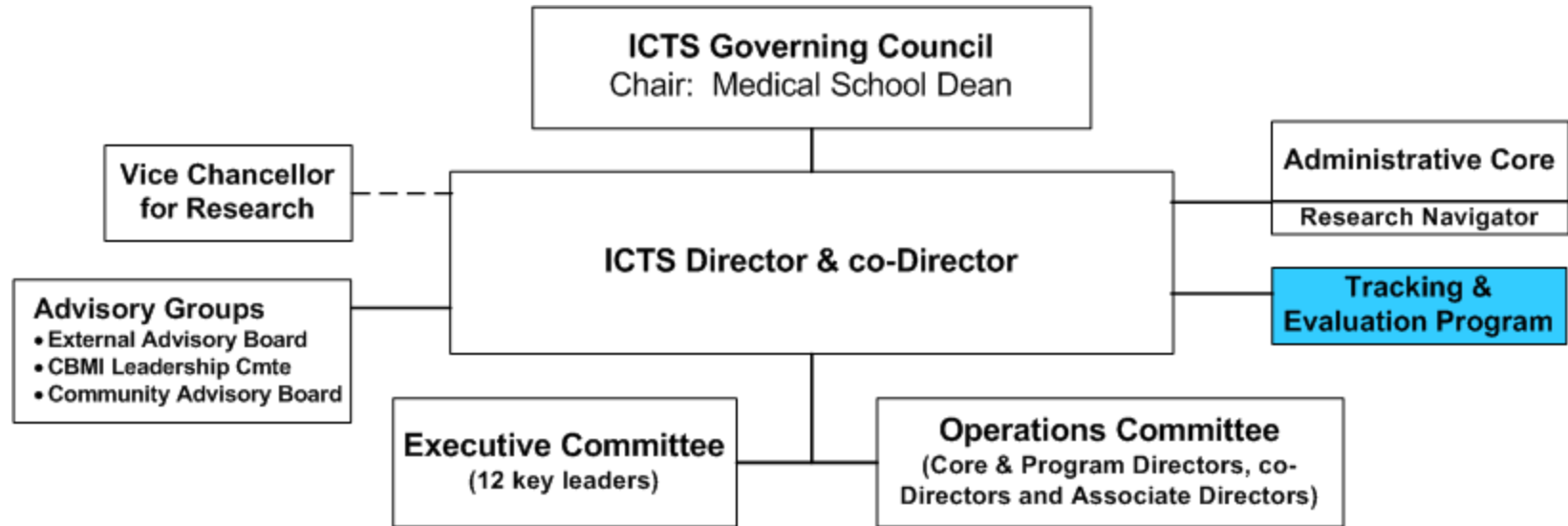
- Track and monitor the **integration of services and activities** of the overall ICTS, and ICTS cores. *(ICTS Goal 1)*
 - Assess the growth in **scientific capacity** resulting from the ICTS education and training activities *(ICTS Goal 1)*
 - Assess the growth in scientific and institutional **collaborations and communication** as a function of ICTS activities. *(ICTS Goal 3)*
 - Evaluate the **impact** of the ICTS on scientific and scholarly work *(ICTS Goal 2)*
-

An interdisciplinary approach to tracking and evaluation

- **AC:** ICTS Administrative Core
- **Becker:** Bernard Becker Medical Library
- **CPHSS:** Center for Public Health Systems Science
- **CRTC:** Clinical Research Training Center



T&E Reports to ICTS Governance



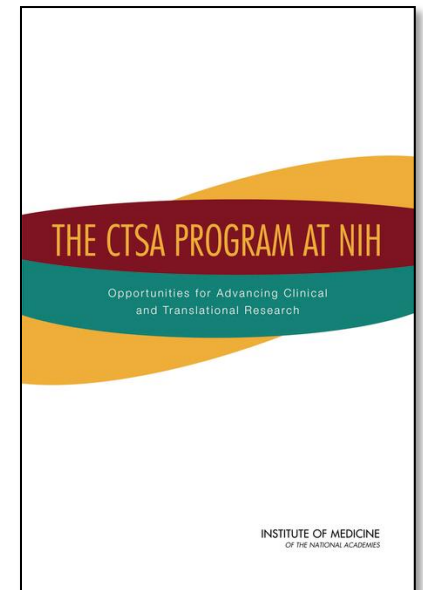
- Accountable to ICTS Director
- Periodic reports to all levels of governance as well as NIH/NCATS

What to count? What matters?

IOM CTSA Report released 6/25/13

Areas of emphasis:

- *Formalize and standardize evaluation processes for individual CTSA and CTSA Program*
- Advance innovation in education and training programs
- Ensure community engagement in all phases of research
- Strengthen clinical and translational research relevant to child health
- Further engage strategic partnerships with a range of public/private partners (patients groups, industry, foundations, NIH Institutes, etc.)
- Build on the strengths of individual CTSA across the spectrum of clinical/translational research

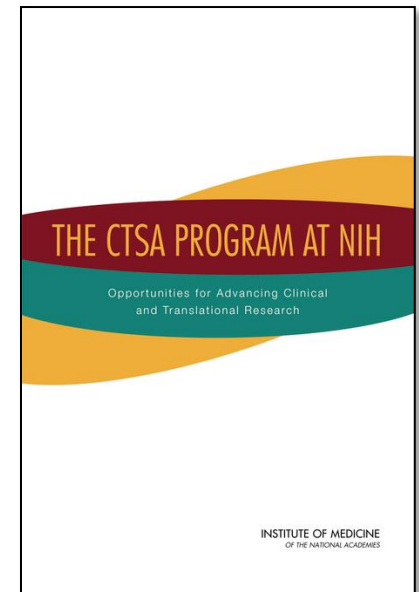


What to count? What matters?

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- Strengthen clinical and translational research relevant to child health
- Further engage public/private foundations,
- Build on the spectrum of



Formalize and standardize evaluation processes for individual CTSA and the CTSA Program

The evaluations should use clear, consistent, and innovative metrics that align with the program's mission and goals and that go beyond standard academic benchmarks of publications and number of grant awards to assess the CTSA Program and the individual CTSA.

15 Consortium Wide Metrics

Data Collection & Analysis

- Time from IRB submission to approval – IOM studies
- Studies meeting accrual goals
- Time from notice of grant award to study opening (e.g., investigator initiated studies)
- Number of technology transfer products
- Volume of investigators who used services
- Volume of types of services used
- Time to publication
- ROI of pilot and KL2 scholars
- Time from publication to a research synthesis

Impact

- **Influence** of research publication (e.g., observed/expected citations)
- **Researcher collaboration** (e.g., team science; collaboration index)
- **Career development**
- **Career trajectory** (e.g., K-R transition)
- **Institutional collaboration** (public-private; cross-institutional; community)
- **Satisfaction/needs assessment**



The workshop

Workshop Outline

- Areas of Focus
 - Scientific Productivity
 - Scientific Collaboration
 - Integration of ICTS Operations
 - Dissemination
 - Impact
- Supporting dissemination and impact
- Open Discussion



Questions?

Scientific Productivity

Cathy C. Sarli, MLS, AHIP

Defined as scholarly, peer-reviewed articles authored by ICTS members.

Scientific Productivity

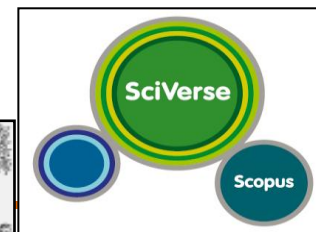
- Data
 - Publication and citation data
 - Databases
 - Self-reported
 - Analysis
 - Bibliometrics
 - Manual review
 - SNA
 - Impact
 - Scientific visibility of publications
 - Change in collaboration or authorship patterns
-

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	
Authors	Title	Year	Source title	Volume	Issue	Art. No	Page	Page end	Cited by	Link	Affiliation	Authors w	Abstract	Author Ke	Index Key	Molecular	Chemicals	Tradenam	Manufact	Funding	Correspon	Editors	Sponsors	Publisher	Conferen	
Watts J.A	A soluble	2013	Pulmona	26	2		205	211		http://ww	Departm	Watts, J.	Pulmona	BAY 41-8543	Pulmonary embolism; Pulmonary heart disease; Pulm						Watts, J.A.	Emergency Medicine Preclinical Re				
Self W.H.	High disc	2013	America	31	2		401	405		http://ww	Departm	Self, W.H	Objective: To evalu	adult; aged; article; bronchopneumonia; computer assis							Self, W.H.	Department of Emergency Medicin				
Venkates	Compute	2013	JAMA Int	173	2		168			http://ww	Departm	Venkates	[No abstract avail	cardiopulmonary hemodynamics; computed tomography							Kabrhel, C.	Massachusetts General Hospital,				
Kline J.A.	Clinical f	2013	Annals o	61	1		122	124	1	http://ww	Departm	Kline, J.A	[No abstract avail	clinical assessment tool; clinical feature; clinical practi							Kline, J.A.	Department of Emergency Medicin				
Heffner /	Predictor	2012	Journal c	27	6		587	593		http://ww	Division	Heffner, /	Objective Complica	beta adrenergic re etomidate, 15301-65-2, 33125-97-2, 51							Heffner, A.C.;	Carolinas Medical Center, Depa				
Lin B.W.,	Therapy;	2012	America	30	9		1774	1781		http://ww	Departm	Lin, B.W.,	Study Aim: Clinical	anticoagulant agent; fibrinolytic agent; adult; article; bl							Schreiber, D.H.;	Division of Emergency Medicin				
Mitchell	Contrast-	2012	Academi	19	11		1294	1296	1	http://ww	Departm	Mitchell,	[No abstract avail	bicarbonate; creat bicarbonate, 144-55-8, 71-52-3; creatir							Mitchell, A.M.;	Department of Emergency Med				
Than M.,	What is i	2012	International Journal of Cardiology						1	http://ww	Christchu	Than, M.,	[No abstr	Acceptable risk; Acute myocardial infarction; Early rule out; Emerg							Than, M.;	Christchurch Hospital, Christchurch,				
Puskaric	Plasma I	2012	Shock	38	4		337	340	2	http://ww	Departm	Puskaric	Elevated inflammi	cyclooxygenase 3; cytochrome b, 9035-37-4; reduced nicc							Jones, A.E.;	Department of Emergency Medicin				
Kline J.A.	Thrombo	2012	Journal c	10	9		1973	1974	1	http://ww	Departm	Kline, J.A	[No abstract avail	fibrinolytic agent; Fibrinolytic Agents							Kline, J.A.;	Department of Emergency Medicin				
Kline J.	Failed va	2012	Academi	19	9		1086	1087		http://ww	Departm	Kline, J.,	[No abstract avail	acute coronary syndrome; congestive heart failure; eme							Kline, J.;	Department of Emergency Medicine,				
Heffner /	The frequ	2012	Journal c	27	4	####	4.17E+15		1	http://ww	Division	Heffner, /	Objective Hypotens	beta adrenergic re etomidate, 15301-65-2, 33125-97-2, 51							Jones, A.E.;	Department of Emergency Medicin				
Puskaric	Prognost	2012	Academi	19	8		983	985		http://ww	Departm	Puskaric	Objectives: Previou	lactic acid; adult; a lactic acid, 113-21-3, 50-21-5							Jones, A.E.;	Department of Emergency Medicin				
Penaloza	Risk stra	2012	Current C	18	4		318	325		http://ww	Emergen	Penaloza	PURPOSE pulmona	anticoagulant age apixabar eliquis; pradaxa; xarelto							Penaloza, A.;	Emergency Department, Clinique				
Venkates	Evaluatic	2012	Archives	172	13		1028	1032	4	http://ww	Brigham	Venkates	Background: The ND	dimer; adult; ag	Fibrin Fibrinogen Degradation Produ						Kabrhel, C.;	Department of Emergency Medicin				
Moretti S	Autoimm	2012	Journal c	26	7		961	967		http://ww	Departm	Moretti, /	Background Currer	autoantibody; autoimmune marker; biological marker; b							U Arunachalam, M.;	Department of Critical Care				
Moretti S	Autoimm	2012	Journal c	26	7		861	867		http://ww	Departm	Moretti, /	Current studies ha	biological marker; Biological Markers												
Watts J.A	Proteomi	2012	Thrombo	130	1		122	128	1	http://ww	Departm	Watts, J./	Introduct Haptogl	alpha 2 macroglob	alpha 2 macroglobulin, 95568-41-5; fil						Watts, J.A.;	Emergency Medicine Research, Ca				
Kline J.A.	Venous t	2012	Nature R	9	7		378	380		http://ww	Departm	Kline, J.A	The EINSTEIN-PE tr	apixaban; blood cl	apixaban, 503612-47-3; blood clotting						Kline, J.A.;	Department of Emergency Medicin				
Penaloza	Performa	2012	Journal c	10	7		1291	1296	1	http://ww	Emergen	Penaloza	Backgrou	D-dimer; D dimer; adult; age; aged; article; critically ill patient; fe							Penaloza, A.;	Emergency Department, Clinique				
Arunach	Autoimm	2012	Journal of the European Academy of Dermatology and							http://ww	Departm	Arunach	Background Although non-segmental vitiligo is commonly considered an a								Arunachalam, M.;	Department of Critical Care				
Than M.,	2-Hour a	2012	Journal c	59	23		2091	2098	7	http://ww	Emergen	Than, M.,	Objective acute cor	troponin I; accelero	troponin I, 77108-40-8; Biological Mar						Than, M.;	Emergency Department, Christchurc				
Mitchell	Prospect	2012	Academi	19	6		618	625		http://ww	Departm	Mitchell,	Objectives: Contra	creatinine; hepari	creatinin isovue, B Bracco, United Sta						Kline, J.A.;	Indiana University School of Medic				
Kline J.A.	Derivatic	2012	Thrombo	129	5	e194	e199		1	http://ww	Departm	Kline, J.A	Backgrou	Decision	adult; article; body mass; breathing rate; controlled stud						Kline, J.A.;	Department of Emergency Medicin				
Hess E.P.	The ches	2012	Circulatio	5	3		251	259	5	http://ww	Departm	Hess, E.P	Backgrou	Acute cor	acute coronary syndrome; adult; article; controlled stud						Hess, E.P.;	Department of Emergency Medicin				
Kline J.A.	D-dimer	2012	Journal c	10	4		572	581	5	http://ww	Departm	Kline, J.A	Backgrou	Fibrin fra	D dimer; adolesce	Biological Markers; Fibrin Fibrinogen					Kline, J.A.;	Department of Emergency Medicin				
Kline J.A.	Prospect	2012	Thrombo	129	4	e25	e28			http://ww	Emergen	Kline, J.A	Objective	Decision	heparin; low mole	heparin, 37187-54-5, 8057-48-5, 8065-0					Kline, J.A.;	Emergency Medicine Research, Dep				
Puskaric	The auth	2012	Critical C	40	3		1035	1036		http://ww	Departm	Puskaric	[No abstract avail	antibiotic agent; antibiotic therapy; clinical decision m							Puskarich, M.A.;	Department of Emergency Me				
Penaloza	Europear	2012	Journal c	10	3		375	381	1	http://ww	Emergen	Penaloza	Backgrou	Compari	adult; aged; article; clinical feature; comparative study;						Penaloza, A.;	Emergency Department, Clinique				
Puskaric	Prognost	2012	Academi	19	3		252	258	5	http://ww	Departm	Puskaric	Objectives: Lactate	activated protein (dobutamine, 34368-04-2, 49745-95-1, 5						Jones, A.E.;	Department of Emergency Medicin				
Watts J.A	Arginase	2012	Pulmona	25	1		48	54	1	http://ww	Departm	Watts, J./	The expe	Arginase	arginase; arginine	arginase, 9000-96-8; arginine, 1119-34					Watts, J.A.;	Emergency Medicine Research, Ca				
Kline J.A.	More on	2012	Annals o	59	1		84	85		http://ww	Departm	Kline, J.A	[No abstract avail	clinical decision making; emergency medicine; human;							Kline, J.A.;	Department of Emergency Medicin				
Mitchell	In reply	2012	Academi	19	1		111	112		http://ww	Departm	Mitchell,	[No abstract avail	contrast medium; (creatinine, 19230-81-0, 60-27-5; inulin						Mitchell, A.M.;	Department of Emergency Med				
Kline J.A.	Normaliz	2012	Academi	19	1		11	17		http://ww	Departm	Kline, J.A	Objectives: In a p	acute disease; adult; area under the receiver operating							Kline, J.A.;	Department of Emergency Medicin				
Watts J.A	Pulmona	2011	Critical C	39	12		2700	2704	2	http://ww	Departm	Watts, J./	Objective	BAY 41-85	2 [1 (2 fluorobenzy	hemoglo	bay 41 8543					Watts, J.A.;	Department of Emergency Medicin			
Watts J.A	Effects of	2011	Histology	26	10		1287	1294	1	http://ww	Departm	Watts, J./	Right ver	Angioten	angiotensin conve	angiotensin I, 9041-90-1; dipeptidyl c					Watts, J. A.;	Department of Emergency Medicin				
Puskaric	Outcome	2011	Resusciti	82	10		1289	1293	5	http://ww	Departm	Puskaric	Introduct	Lactate; l	lactic acid; aged; a	lactic acid, 113-21-3, 50-21-5					Jones, A.E.;	Department of Emergency Medicin				
Puskaric	Associati	2011	Critical C	39	9		2066	2071	17	http://ww	Departm	Puskaric	Objective antibioti	antibiotic agent; l	lactic acid, 113-21-3, 50-21-5; Anti-Bac						Jones, A.E.;	Department of Emergency Medicin				
Mitchell	Immedia	2011	Academi	18	9		1005	1009	4	http://ww	Departm	Mitchell,	Objectives: Despit	iopamidol; acute	iopamid	isovue 3; Bracco, United Sta						Kline, J.A.;	Department of Emergency Medicin			
Watts J.A	Up-regul	2011	Pulmona	24	4		407	413	4	http://ww	Departm	Watts, J./	Pulmona	Arginase	acetylcholine; argi	acetylcholine, 51-84-3, 60-31-1, 66-23-					Watts, J.A.;	Emergency Medicine Research, Ca				
Kline J.A.	Risk stra	2011	JNCCN Jo	9	7		800	810	2	http://ww	Departm	Kline, J.A	This arti	Acute pu	alteplase; amino	alteplase, 105857-23-6; brain natriure						Kline, J. A.;	Department of Emergency Medicin			
Jones A.E	Cost-effe	2011	Critical C	39	6		1306	1312	3	http://ww	Departm	Jones, A.	Objective cost-effe	activated protein (dobutamine, 34368-04-2, 52663-81-7						Jones, A. E.;	Department of Emergency Medicin				
Jaff M.R.,	Manager	2011	Circulatio	123	16		1788	1830	99	http://www.scopu		Jaff, M.R.	[No abstract avail	alteplase; argatro	alteplase, 105857-23-6; argatroban, 7-						Jaff, M. R.					
Pollack C	Clinical c	2011	Journal c	57	6		700	706	28	http://ww	Departm	Pollack, /	Objective anticoag	alteplase; anticoa	alteplase, 105857-23-6; enoxaparin, 6						Kline, J. A.;	Department of Emergency Medicin				
Kaji A.H.,	Summary	2010	Annals o	56	5		522	537	5	http://ww	Departm	Kaji, A.H.	Study objective: In	abdominal disease; allergy; clinical research; critical ill							Kaji, A. H.;	Department of Emergency Medicin				

Publication Data: Annual Capture

Process:

- Annual publication data capture for ICTS members from *Scopus* via csv. file.
 - Article
 - Conference Paper
 - Review
 - Short Survey
- Each ICTS member has unique ID.
- ICTS members divided into cohorts to track progress over time.
- All ICTS members, former and current, included in the annual publication capture.
- Publication files sent to CPHSS for clean-up



Publication Data: Challenges

Challenges with Capture:

- Tracking new and former ICTS members.
- Author disambiguation:
 - Splitting
 - Lumping
- Did we capture all publications?
 - Self-reporting and serendipity

Challenges with Clean-up:

- Duplicate entries for same record (authorship or database quirk).
 - ISSN
 - PMID
 - DOI
 - Scopus link to record
 - Final manual clean-up required.
-

Citation Data: Annual Capture and Challenges

Process:

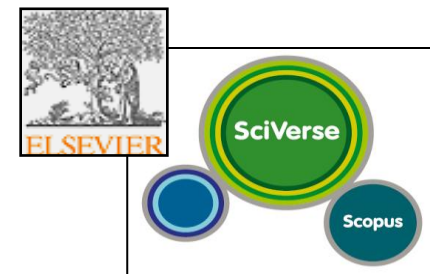
- Top 50 cited articles from *Scopus* compared to *Web of Science* citation data on annual basis.
- *Web of Science* citation data analyzed using *Essential Science Indicators* on annual basis.
 - Hot Papers
 - Highly Cited Papers
 - Core Papers (Research Fronts)
- Citation data from *Scopus* and *Web of Science* used for reporting and other purposes.

Definition:

A citation is a reference to a specific publication.

Challenges:

- Manual process
- Are citations indicative of significance?



THOMSON REUTERS

Essential Science IndicatorsSM
ISI Web of KnowledgeSM

Publication/Citation Data: Five ICTS Examples

- Benchmarking
- Scientific Visibility and Influence
- Authorship Patterns
- Timeframe from Funding to Publication
- Timeframe from Publication to Outcomes

Why?

Narratives of “success stories” based on ICTS-supported research.

Publication Data Elements	2008	2012
Publications in Scopus	2,365	3,160
States represented	49	49
Articles	1,968	2,679
Reviews	288	477
Unique journal titles	938	1,244

2008 Top Ten Article Words

2008 Top Eight Journals

1. J. of Biological Chemistry
2. J. of Pediatrics
3. American J. of Ob. and Gynecology
4. Blood
5. PNAS
6. J. of Immunology
7. Inf. Control and Hosp. Epidemiology
8. J. of Virology

2012 Top Ten Article Words

2012 Top Eight Journals

1. PLoS ONE
2. J. of Biological Chemistry
3. PNAS
4. Blood
5. Nature
6. J. of Virology
7. American J. of Ob. and Gynecology
8. Neurology and J. of Neurology (tied)

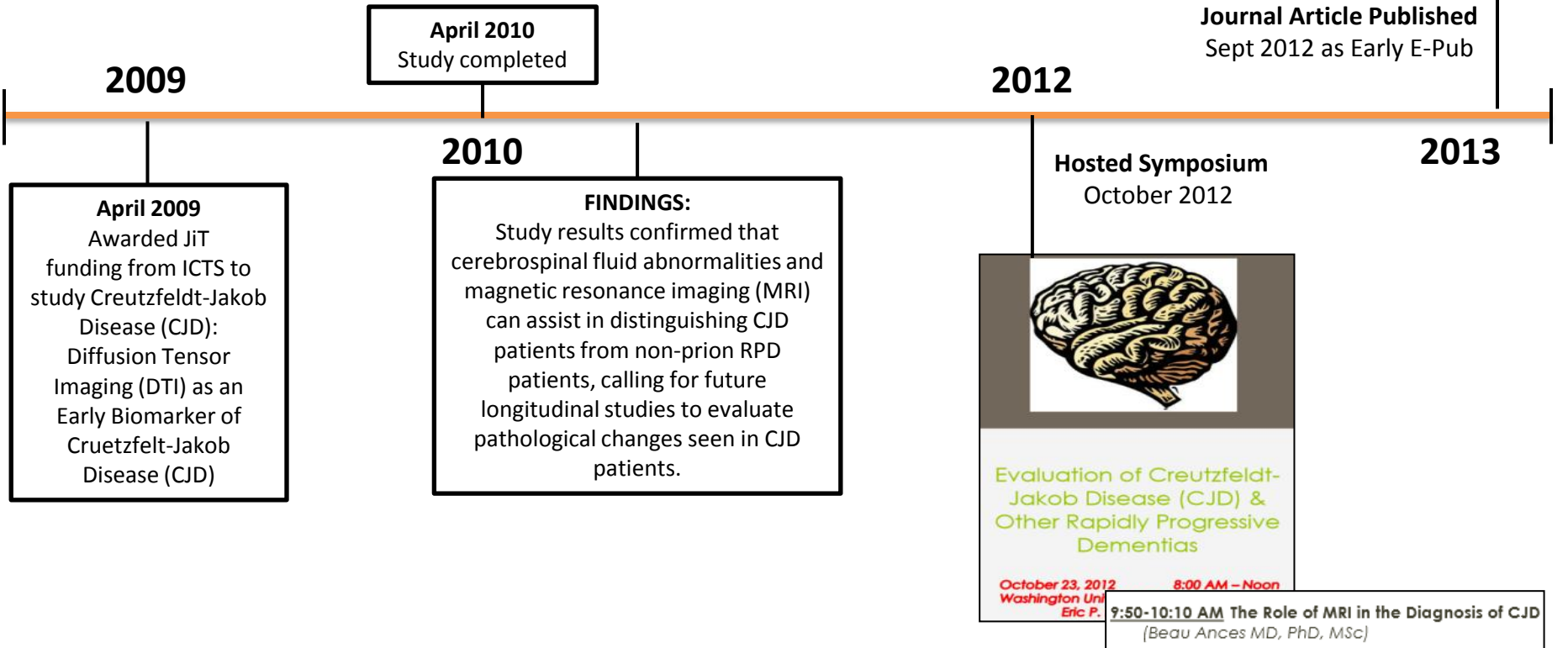


In 2012, ICTS members co-authored publications with authors from every other CTSA institution (60).



Beau M. Ances, MD, PhD, MSc
Associate Professor of Neurology at Washington University in St. Louis

Creutzfeldt-Jakob Disease (CJD) is a rapidly progressive neurodegenerative disease (RPD) with diagnosis often made at autopsy. The goal of this work is to identify early changes in the brain structure due to CJD. This may allow for early intervention.



Time from Funding to Publication

INITIAL OUTCOMES:

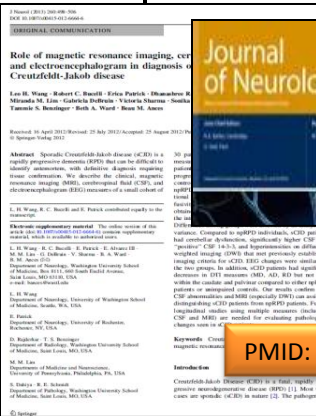
- Increase in knowledge of CJD and RPD.
- Creation of pilot data to support justification for future funding applications.
- New understanding of characterizations of patients with RPD.
- Identification of clinical and diagnostic tests to distinguish CJD from RPD, i.e., MRI and lumbar puncture.
- Identification of new research directions to pursue, i.e., longitudinal studies of pathological changes in CJD.
- Enhanced awareness of RPD and CJD via symposium.
- Recognition from the CJD Foundation as source of knowledge and assistance for patients and families.
- Increase in new referrals of patients as a result of the symposium.



Beau M. Ances, MD, PhD, MSc
Associate Professor of Neurology

2013

Journal Article
Sept 2012



Recap

Uses of Publication and Citation Data:

- “Snapshot in Time” or Benchmarking.
- Track the 15 Consortium Metrics.
- Identify authorship/collaboration patterns.
- Identify publication practices.
- Identify and highlight promising publications, investigators or studies.
- Grant reporting and renewal purposes.
- Track NIH Public Access Policy compliance.

Challenges:

- What stories to tell of ICTS success?
 - How and when to best “illustrate” numerical data.
-

Questions?

BREAK

Scientific Collaboration

Bobbi Carothers, PhD

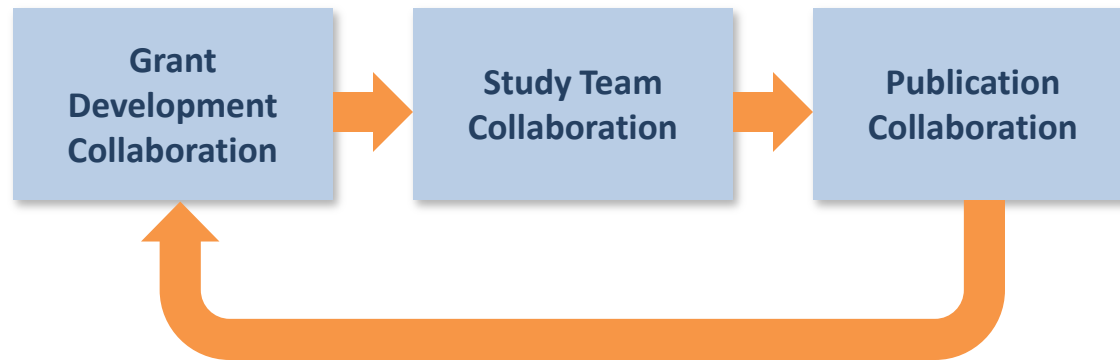
Defined as activities that stem from ICTS scientific productivity.

Why Care About Collaboration?

- ICTS Aim 3: Assess the growth in scientific and institutional collaborations and communication as a function of ICTS activities
 - Medical science is a collaborative process
 - Necessary for translation from bench to practice & populations
-

Collaboration Model

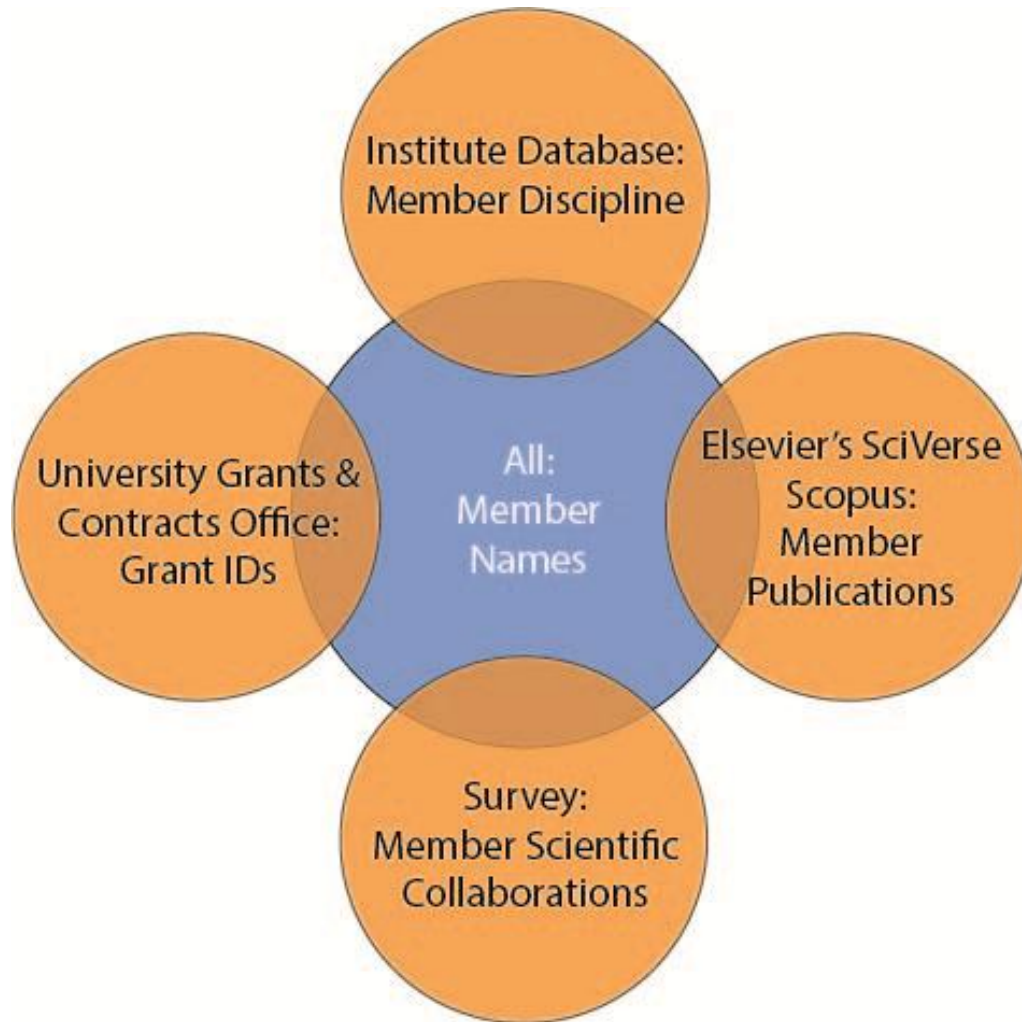
- Plan to work together
- Work together
- Disseminate results of the work



Collaboration Networks

- Data: Links between investigators
 - Grant Submissions
 - Research Collaborations
 - Publication Co-authorships
 - Analysis: Social Network Analysis
 - Number of collaborations
 - Cross-discipline mix
 - Impact: Change over time
-

DATA



Collection

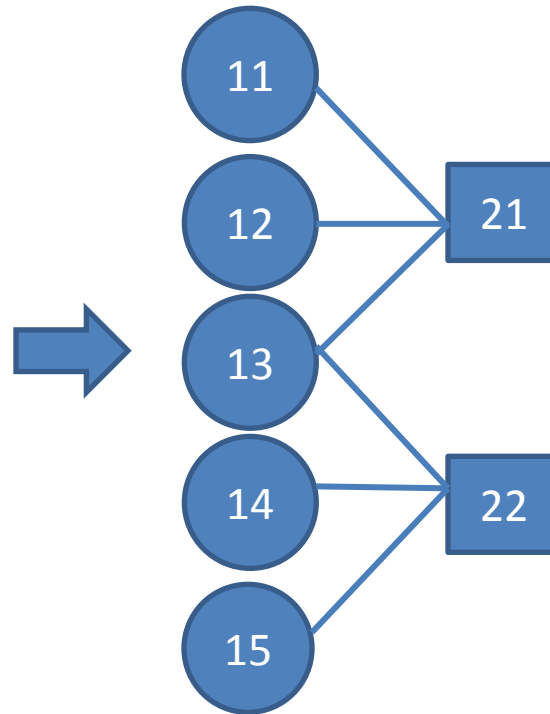
Relationship	Method	Frequency
Grant Submission	Administrative Records	Every 2 Years
Research Collaboration	Online Survey of Members (Qualtrics)	Every 2 Years
Publication Co-authorship	Literature Review	Annually

Grant Submissions

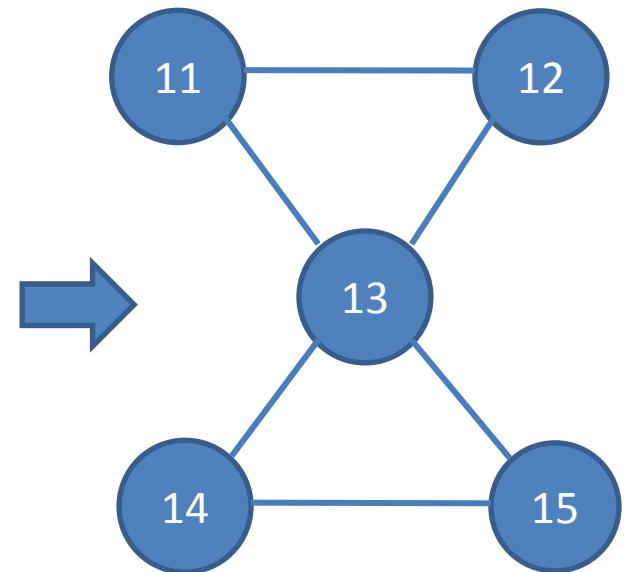
Raw Data

Member ID	Grant ID
11	21
12	21
13	21
13	22
14	22
15	22

Relationships between
people & grants



Relationships
between people



Research Collaborations

Raw Survey Data

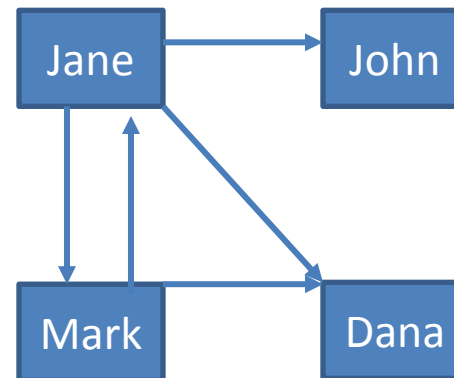
Participant	Collaborator 1	Collaborator 2	Collaborator 3
Jane	Mark	John	Dana
Mark	Jane	Dana	

↓ Participant/
Collaborator

Participant	Collaborator
Jane	Mark
Jane	John
Jane	Dana
Mark	Jane
Mark	Dana



Network



Publication Co-authorships

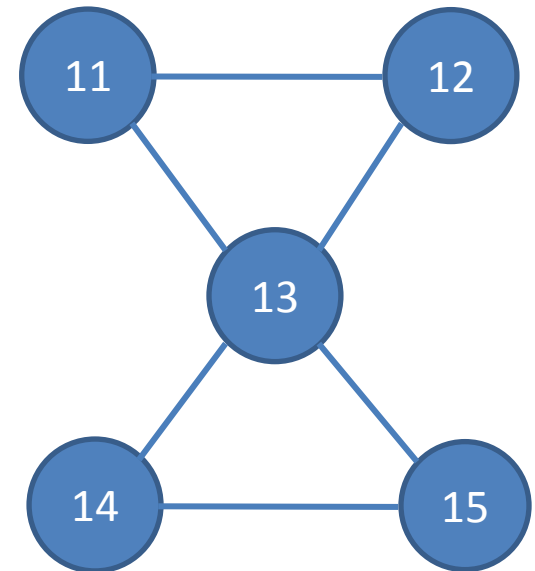
- Managed similarly to grant submissions

Raw Data

Member ID	Publication Title
11	Cool cancer treatment report
12	Cool cancer treatment report
13	Cool cancer treatment report
13	Nifty Alzheimer's gene report
14	Nifty Alzheimer's gene report
15	Nifty Alzheimer's gene report



Relationships



Challenges

- Research Collaborations
 - 1400 members → too many for participants to hunt through a drop-down list in order to find collaborators
 - Participants write in the names of their collaborators
 - Many are not ICTS members
 - Creative spelling
 - Labor-intensive data cleaning
 - Publication Co-authorships
 - Variations in publication titles require cleaning
 - Not all publications appear with DOI or PubMed ID
-

SOCIAL NETWORK ANALYSIS

Visualizations

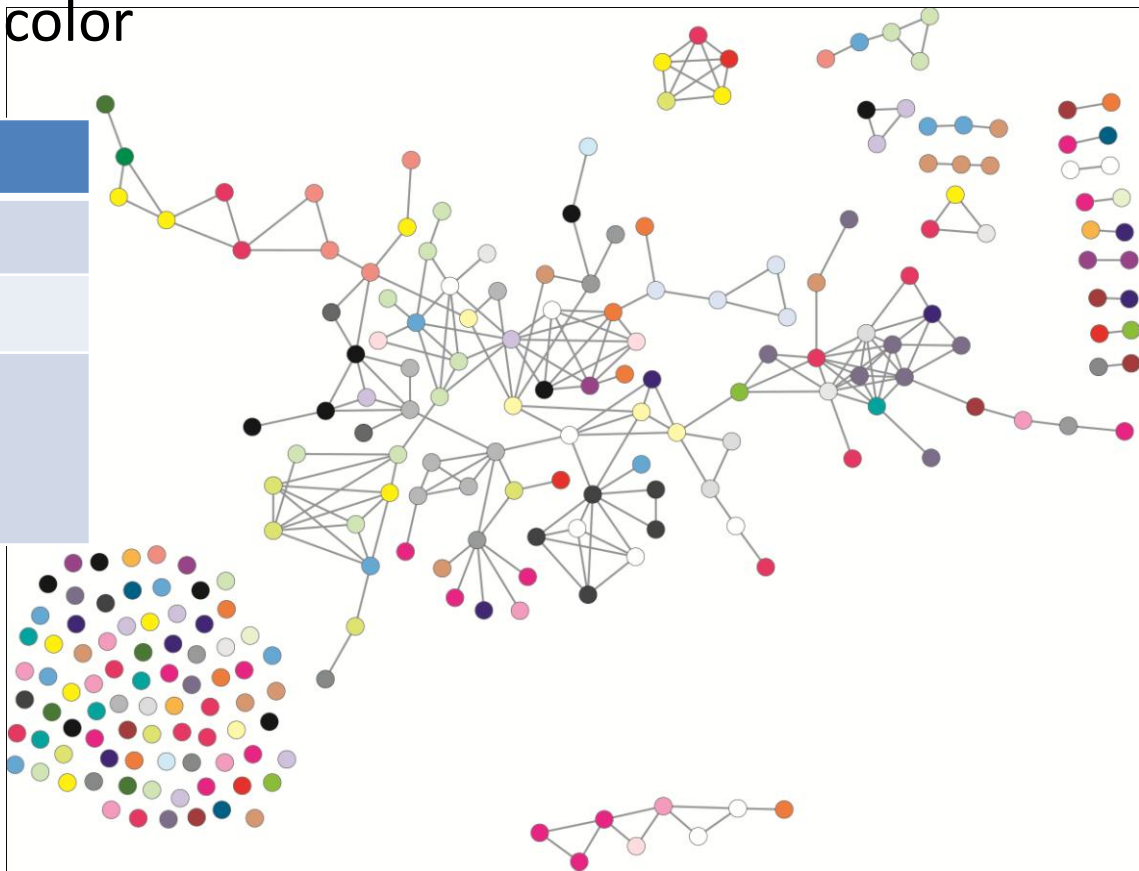
Relationship Patterns

Grant submission network (2007)

- Before ICTS grant
- Discipline denoted by color

Out of 387 members

# Submitted grants	236
Average # of collaborators	1.92
Cross-discipline to within-discipline collaboration density ratio	.216



Publication Co-authorship Network (2007)

Out of 387 members

Published

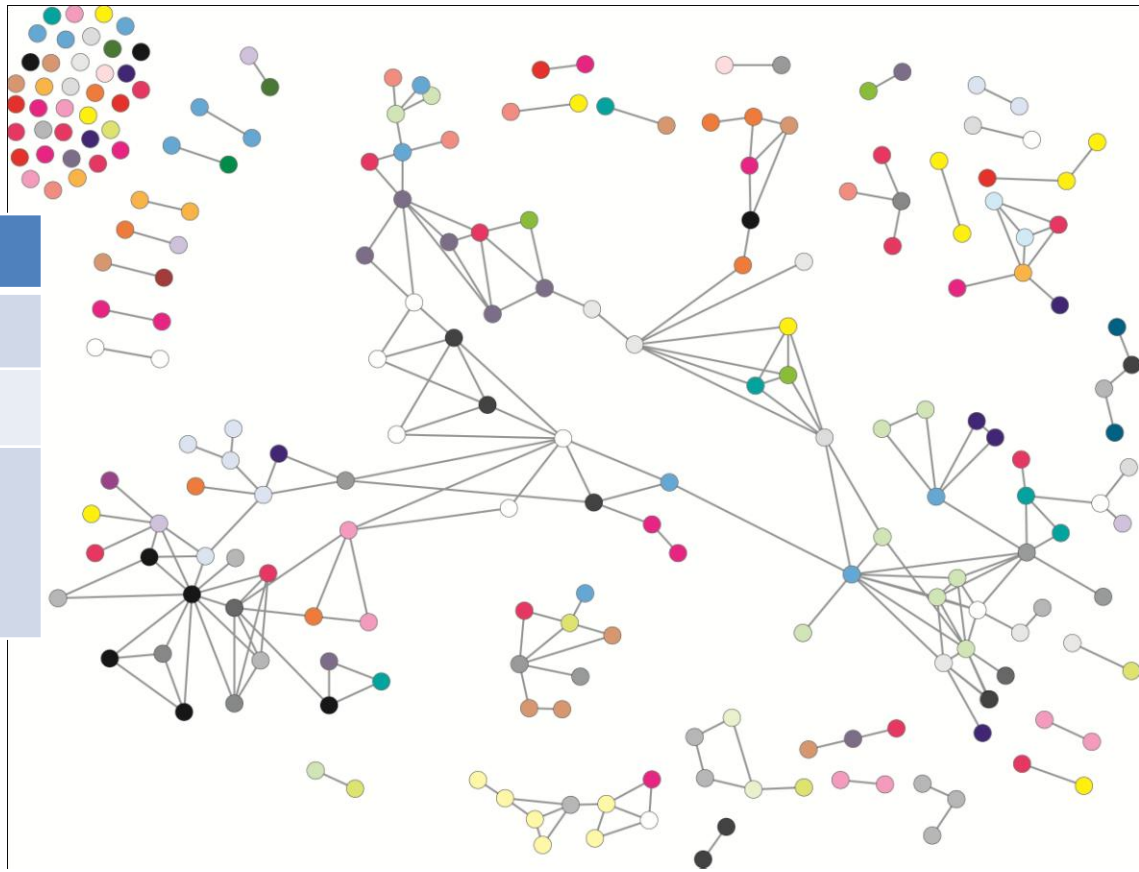
221

Average # of collaborators

2.02

Cross-discipline to within-discipline collaboration density ratio

.191

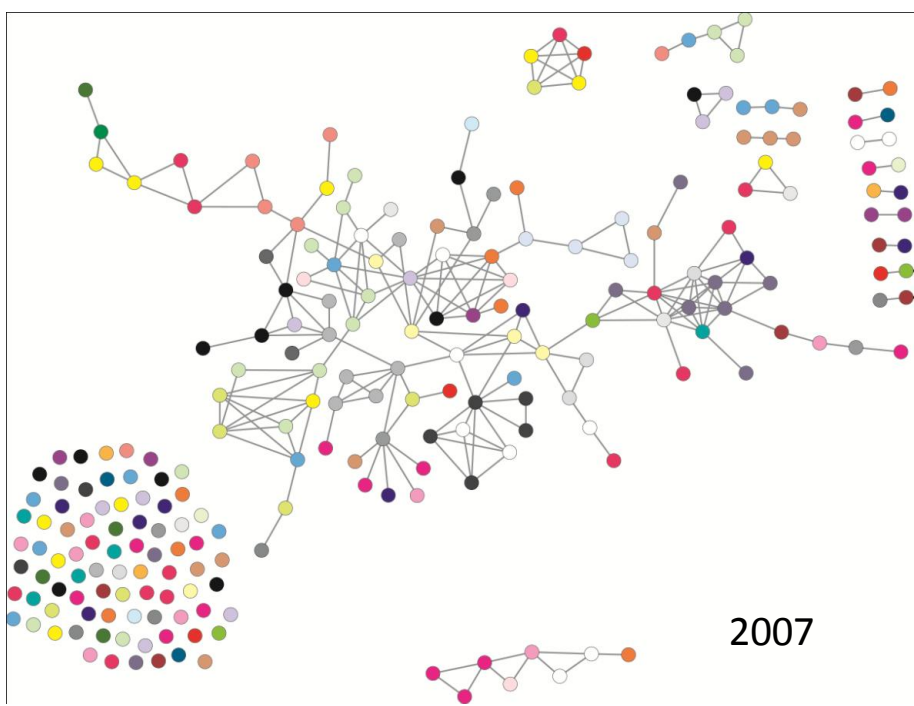


IMPACT

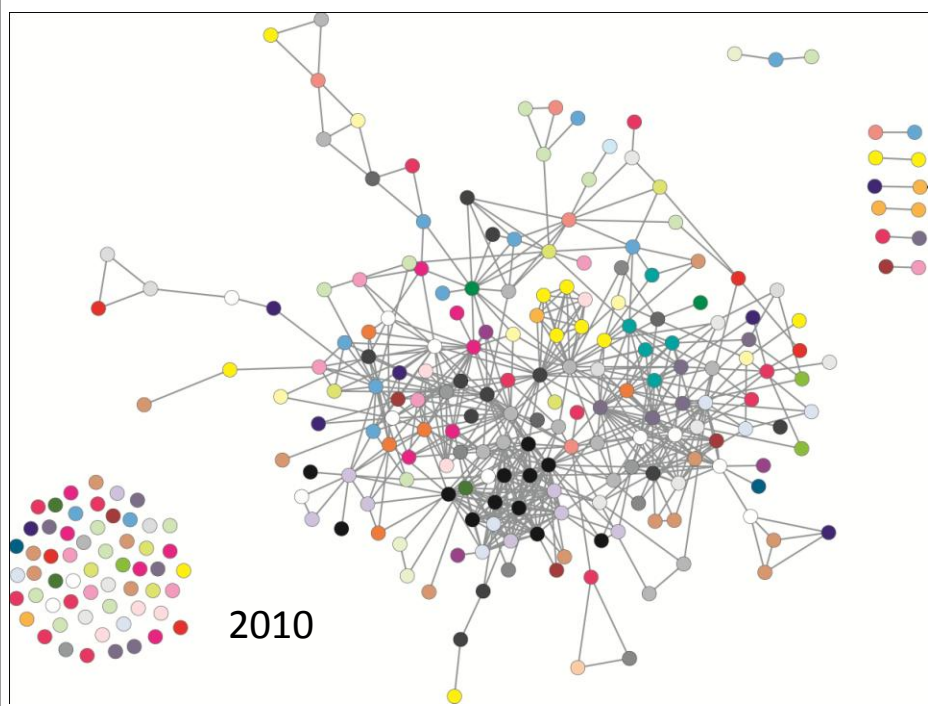
So what?

Change over time

Grant Submissions, 2007 vs. 2010



2007

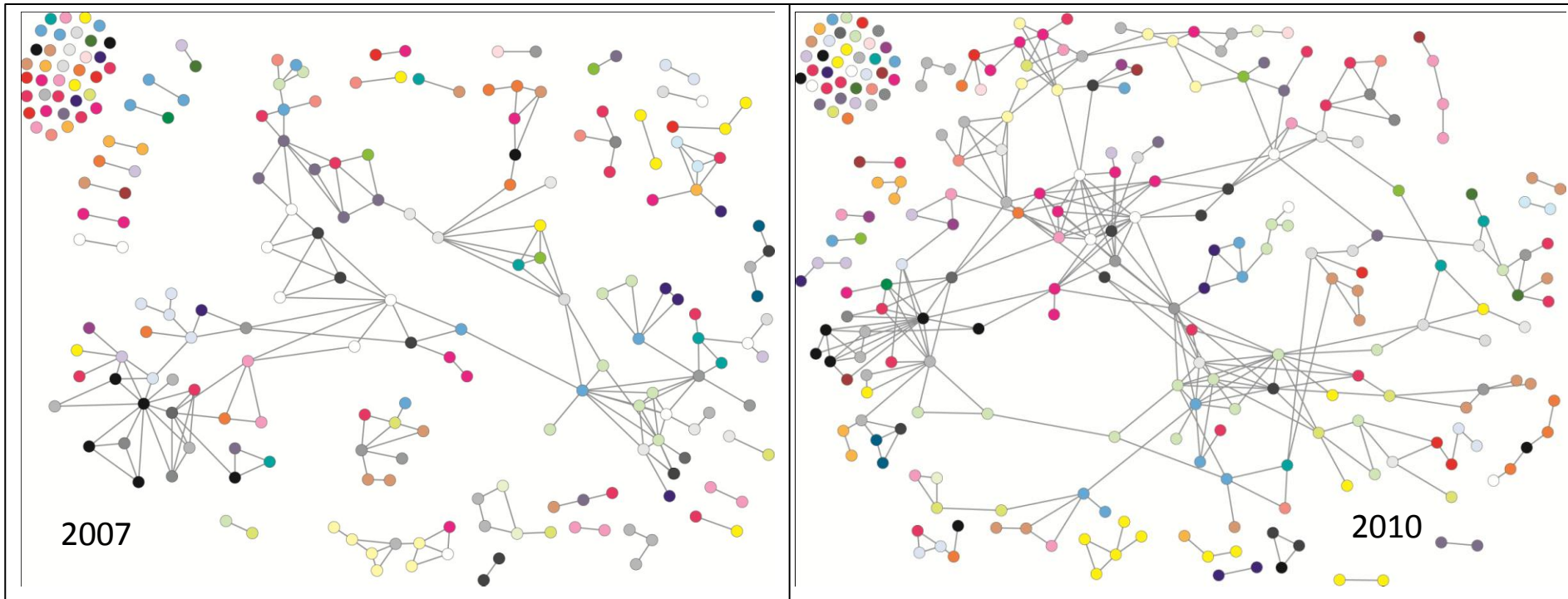


2010

Year	# Members	Average # Collaborators	Cross- to Within-discipline Collaboration Density Ratio
2007	236	1.92	.216
2010	257	4.81	.436



Publication Co-authorships, 2007 vs. 2010



Year	# Members	Average # Collaborators	Cross- to Within-discipline Collaboration Density Ratio
2007	221	2.02	.191
2010	256	2.64	.230



Conclusions: Does ICTS Improve Collaboration?

- Increase in number of people submitting grants and getting published
 - Increase in number of collaborators
 - Increase in cross-disciplinarity of collaborations
 - Pattern less strong for publications than grants likely due to lag time
 - Second research collaboration survey to occur in the fall
-

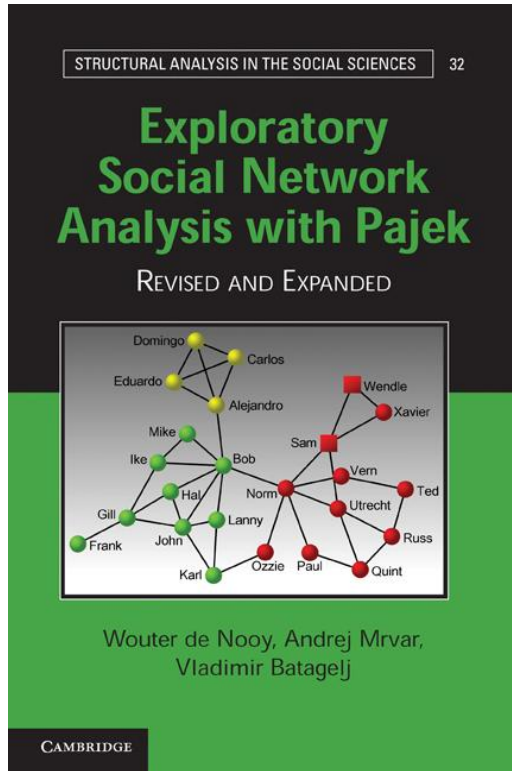
RESOURCES

What we used

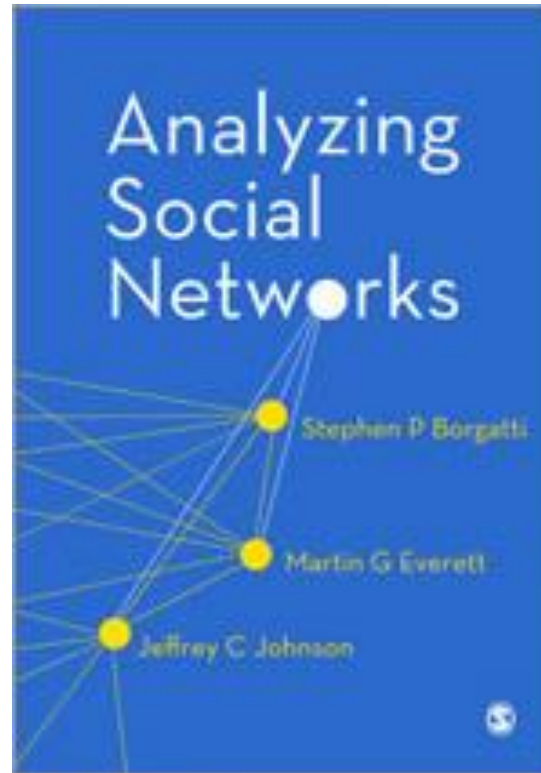
Where to get it

Software

Pajek



UCInet



R/Statnet



- All are frequently updated

Links

- Pajek: <http://pajek.imfm.si/doku.php?id=pajek>
 - Qualtrics: <http://www.qualtrics.com/>
 - Statnet:
<http://statnet.csde.washington.edu/index.shtml>
 - UCINET:
<https://sites.google.com/site/ucinetsoftware/home>
-

Questions?

Integration of ICTS Operations

Elizabeth Palombo, MEd

Defined as integration of services and activities of ICTS within WU & resulting satisfaction by ICTS members, removal of barriers to conduct TR, more efficient TR activities, etc.

ICTS Operations

- **Data:**
 - Surveys
 - Service Use
 - Membership
 - **Analysis:**
 - Survey reports
 - Cross-disciplinary tables
 - Dashboards
 - **Impact:**
 - Enhance ICTS core services
 - Core/service funding allocation
 - Translational Research education
 - Reporting to ICTS Governance and NCATS/NIH
-

Improve Member Research Experience and Reduce Barriers



DATA: Member & Satisfaction Surveys

- **Methodical Plan**
 - Avoid over-surveying
 - Helps with maintaining history and consistency
 - **Survey Purposes**
 - Satisfaction with cores and services
 - Marketing of ICTS, cores and services
 - Program evaluation
 - Core specific as requested
 - **Beyond the ICTS**
 - Siteman Cancer Center
 - CTSA Evaluation Key Function Group
-

Standardized Core Questions

1. Rate core satisfaction on:
 - Process to request services
 - Timeliness of services received
 - Quality of the services received
 2. Rate satisfaction with the core services
 3. Would you use the core services again?
 4. Comments
-

DATA: ICTS Service Use

- Purpose? Why is it important?
 - How is it reported?
 - Core Evaluation Coordinators
 - Service Tracker
 - Excel Spreadsheet
 - What is included?
 - Investigator Information
 - Service Details
 - Project Information
-

DATA: Core Service User Departmental Distribution

Human Imaging Unit (HIU)
Service Use 9/17/07-2/15/13

Institution/School/ Department	Year of Use					
	1	2	3	4	5	6
Saint Louis University (SLU)					1	
Washington University (WU)						
Arts & Sciences		2	4	4	4	6
Engineering		1	2	2	4	3
Anatomy & Neurobiology			1			1
Anesthesiology			1	3	4	3
Internal Medicine	6	26	27	28	32	26
Neurological Surgery			1	1	2	4
Neurology	7	18	21	20	21	23
Obstetrics & Gynecology				2	2	2
Occupational Therapy		1	1			
Ophthalmology & Visual Sciences		1	1			
Orthopaedic Surgery		3	6	3	5	4
Otolaryngology		1	1	2	4	1
Pediatrics	2	5	10	12	12	10
Physical Therapy	1	2	4	5	5	5
Psychiatry	2	7	11	10	8	7
Radiation Oncology	2	2	3	4	4	4
Radiology	9	13	18	20	23	25
Surgery	2	7	9	8	8	5
Total Unique Users Each Year	31	89	121	124	139	129

*220 Unique investigators used HIU
Services over 6 years*

ANALYSIS: Cross-Disciplinary

ICTS Current Membership

Institution	Number of Members
Nursing Schools	
Goldfarb School of Nursing <i>(excluded from BJH total below)</i>	7
Saint Louis University (SLU) <i>(excluded from SLU total below)</i>	4
Southern Illinois University Edwardsville (SIUE)	11
University Of Missouri - St. Louis (UMSL)	15
<i>Nursing Schools Subtotal</i>	37
Barnes Jewish Hospital (BJH)	21
Community Organizations	6
St. Louis Children's Hospital (SLCH)	2
St. Louis College of Pharmacy (STLCOP)	36
Saint Louis University (SLU)	128
<i>Partner Institutions Subtotal</i>	230
Washington University (WU)	
<u>Danforth Campus</u>	
Arts & Sciences	23
Olin Business School	4
School of Engineering & Applied Science	14
Brown School of Social Work	32
<i>Danforth Campus Subtotal</i>	73

<u>School of Medicine</u>	
Preclinical Departments	
Anatomy & Neurobiology	6
Biochemistry & Molecular Biophysics	8
Cell Biology & Physiology	8
Developmental Biology	12
Genetics	29
Molecular Microbiology	11
<i>Preclinical Departments Subtotal</i>	74
Other School of Medicine Departments/Units	
Administrative	6
Anesthesiology	31
Audiology & Communication Sciences	3
Biostatistics	10
Internal Medicine	292
Neurological Surgery	19
Neurology	68
Obstetrics & Gynecology	40
Occupational Therapy	21
Ophthalmology & Visual Sciences	27
Orthopaedic Surgery	48
Otolaryngology	31
Pathology & Immunology	56
Pediatrics	138
Physical Therapy	28
Psychiatry	52
Radiation Oncology	26
Radiology	53
Surgery	89
<i>School of Medicine Subtotal</i>	1112
<i>Washington University Total</i>	1185
Grand Total	1418

ANALYSIS: Survey Reports

- Types of Reports
 - Executive Summary
 - Tailored to specific audience (membership, program directors)
 - Feedback Loop
 - Reporting to membership
 - Let them know we value their responses and time
 - Present examples of change because of responses
-

ICTS Member Satisfaction Survey Results

About the Survey:

- Distributed February 28 – April 5, 2013
- Year 4 of ICTS/Siteman Cancer Center (SCC) collaborative effort
- Anonymously distributed through Qualtrics via email to ICTS/SCC members

2013	<i>ICTS Members Surveyed</i>	<i>SCC Members Surveyed</i>	<i>Total Surveys</i>
Distribution	1418	274	1485 (duplicates removed)
Responses/ Rate	613/43%	179/65%	642/43%

- ICTS response rates: 43% in 2013, 54% in 2011, 38% in 2010, 28% in 2009
 - Names associated with completed surveys entered into random drawing
 - 6 prizes issued - *iPad (1) & B&N \$20 Gift Card (5)*
- Core Director response/survey results to be discussed with director at their next scheduled meeting with Drs. Evanoff and Moley

ICTS Core Service Satisfaction

4.35 = Mean Core Satisfaction Score

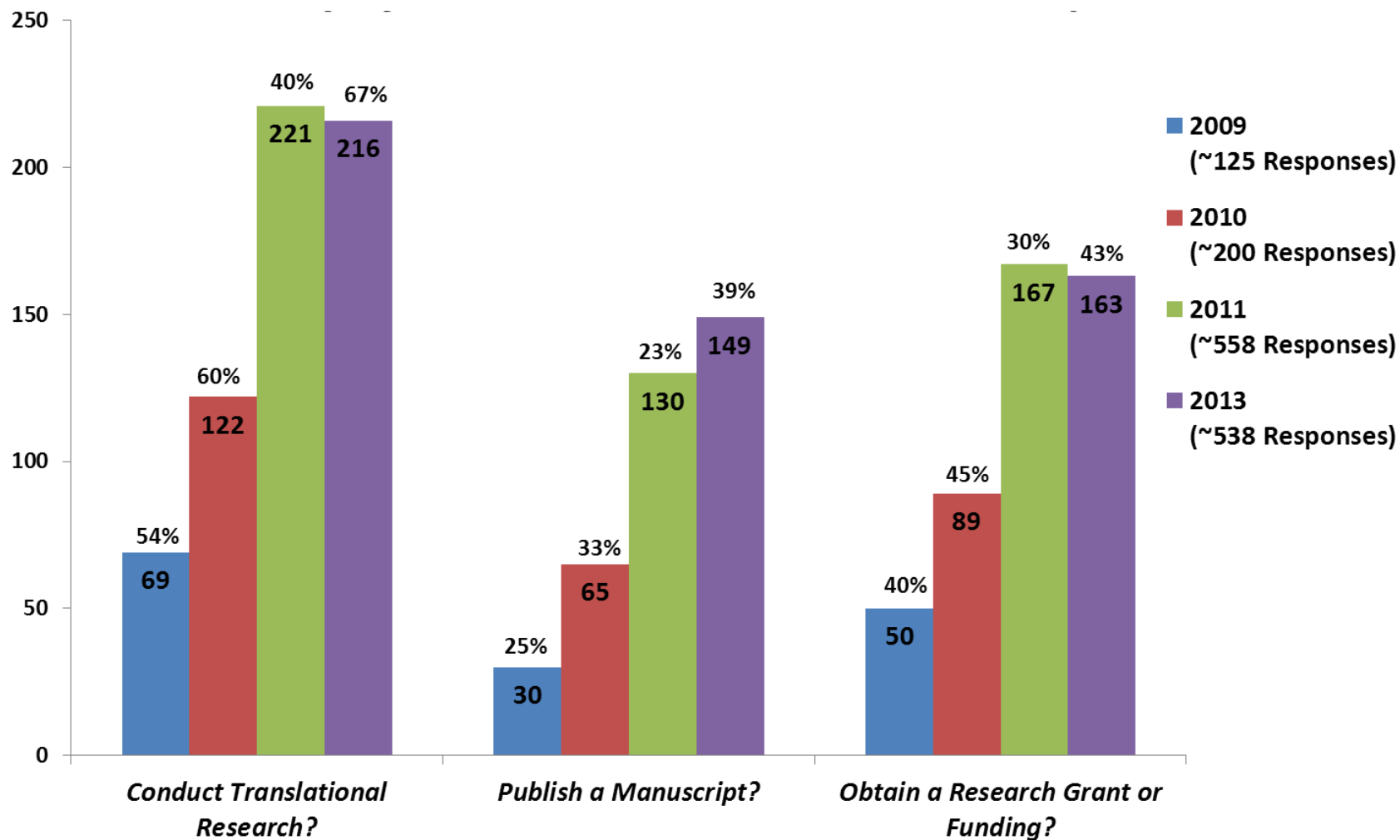
Core Name	ICTS Service Users	Responses	2013 Mean Satisfaction	2011 Mean Satisfaction
Core 1	97	171	4.16	4.17
Core 2	36	33	4.33	4.33
Core 3	18	20	3.81	4.25
Core 4	27	29	4.54	4.26
Core 5	27	8	4.90	4.56
Core 6	129	62	4.40	4.28
Core 7	43	46	3.89	3.92
No Services Used	-	280	-	-

<i>1=Very Dissatisfied</i>
<i>2=Somewhat Dissatisfied</i>
<i>3=Neither Satisfied nor Dissatisfied</i>
<i>4=Somewhat Satisfied</i>
<i>5=Very Satisfied</i>

Number of Different Cores Used by Investigators as Reported in Survey

# Different Cores Used	1	2	3	4	5	6	7	8
Investigators	203	121	51	22	11	9	5	5

Investigators Benefited from the ICTS Cores and Services



Most Helpful Services Received from the ICTS Cores?

(Check all that apply)

	# Responses	% of Respondents
Collaboration	130	24%
Technical support for data management and/or analysis	127	24%
Proposal Development	108	20%
Participant Recruitment	81	15%
Funding	68	13%
Access to Data	64	12%
Training / Education	58	11%
Support for IRB and/or compliance issues	48	9%
Other	48	9%

15 Consortium Wide Metrics

Data Collection & Analysis

- Time from IRB submission to approval – IOM studies
- Studies meeting accrual goals
- Time from notice of grant award to study opening (e.g., investigator initiated studies)
- Number of technology transfer products
- Volume of investigators who used services
- Volume of types of services used
- Time to publication
- ROI of pilot and KL2 scholars
- Time from publication to a research synthesis

Impact

- **Influence** of research publication (e.g., observed/expected citations)
- **Researcher collaboration** (e.g., team science; collaboration index)
- **Career development**
- **Career trajectory** (e.g., K-R transition)
- **Institutional collaboration** (public-private; cross-institutional; community)
- **Satisfaction/needs assessment**

ANALYSIS: Dashboards

#	Outcomes Metrics to Dashboards	ICTS Aim	Type of Data	Value of Information	Level of Difficulty
1	Time from IRB submission to approval	1	Research/clinical	***	+
2	Studies meeting accrual goals	1, 3	Research/clinical	***	++
3	Time from notice of grant award to study opening (investigator initiated studies)	1, 3	Research/clinical	***	+++
4	Number of technology transfer products	1, 3	Admin	***	++
5	Volume of investigators who used services	1	Service	****	+
6	Volume of types of services used	1	Service	****	+
7	Satisfaction/Needs assessment	1	Service	***	+
8	Time to publication (need to define time)		Pubs	*	++++
9	Influence of research publication (observed/expected citations)	3	Pubs	****	++
10	Researcher collaboration (team science; collaboration index)	3	Admin	****	++
11	ROI of pilot and KL2 scholars	all	Admin	****	+++
12	Time from publication to a research synthesis		Pubs	***	++++
13	Career development	2	Education	***	++
14	Career trajectory (includes K-R transition)	2	Education	***	++
15	Institutional collaboration (public-private; cross-institutional; community)	3	Admin	***	++++

Value of Information: **** = High Value * = Low Value

Level of Difficulty: + = Low Difficulty ++++ = High Difficulty

T&E Effect on ICTS Operations

- Enhance ICTS Services
 - Services added
 - Improved service delivery
 - Certain expertise added to meet needs
 - Core/Service Funding
 - Funding direction can change based on:
 - Feedback or service demands
 - Distribution of service users
 - Translational Research
 - Introducing a new way of thinking
 - Emphasis on moving research from one stage to next
 - Communicating that ICTS cores, staff and resources can help investigators go further with research
-

Questions?

Dissemination

Kristi Holmes, PhD

Defined as an active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.

Some thoughts about dissemination

What is dissemination?

- Dissemination is an active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.
- For the purpose of this workshop, we are also including the process of communicating results/findings to the general public or funding agencies or other stakeholders as **DISSEMINATION**.

Some thoughts about dissemination

Dissemination Strategies for varied stakeholders

- Dissemination strategies describe mechanisms and approaches that are used to communicate and spread information about interventions to targeted users.
- Dissemination strategies are concerned with the packaging of the information about the intervention and the communication channels that are used to reach potential adopters and the target audience.
- It is consistently stated in the literature that dissemination strategies are necessary but not sufficient to ensure widespread use of an intervention.

Putting it into practice...

Some thoughts about dissemination

Examples of dissemination

- **Passive dissemination strategies** include mass mailings, publication of information including practice guidelines, and untargeted presentations to heterogeneous groups.
- **Active dissemination strategies** include hands-on technical assistance, replication guides, point-of-decision prompts for use, and mass media campaigns.

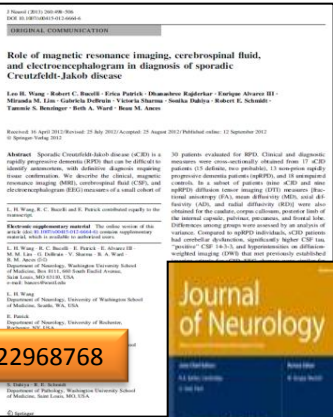
Motivations – Why disseminate?

CRITICAL to communicate findings to various stakeholders – researchers, potential collaborators, partners, members of the public, funders, other consortium members, policy makers, and so on...



Creutzfeldt-Jakob Disease (CJD) is a rapidly progressive neurodegenerative disease (RPD) with diagnosis often made at autopsy. The goal of this work is to identify early changes in the brain structure due to CJD. This may allow for early intervention.

Beau M. Ances, MD, PhD, MSc
Associate Professor of Neurology at Washington University in St. Louis



PMID: 22968768



Journal Article

2009


Awarded J1T funding from ICTS to study Creutzfeldt-Jakob Disease (CJD):
Diffusion Tensor Imaging (DTI) as an Early Biomarker of Cruetzfelt-Jakob Disease (CJD)

2010

FINDINGS:
Study results confirmed that cerebrospinal fluid abnormalities and magnetic resonance imaging (MRI) can assist in distinguishing CJD patients from non-prion RPD patients, calling for future longitudinal studies to evaluate pathological changes seen in CJD patients.

2011

Hosted Symposium



Evaluation of Creutzfeldt-Jakob Disease (CJD) & Other Rapidly Progressive Dementias

October 23, 2012 8:00 AM – Noon
Washington University School of Medicine
Eric P. Newman Center

2012

9:50-10:10 AM The Role of MRI in the Diagnosis of CJD
(Beau Ances MD, PhD, MSc)

2013

Length of time from funding to publication

Impact

Kristi Holmes, PhD

Defined as successful completion of research and communication of discoveries that leads to changes in knowledge and clinical practice.

Impact?? HOW do you measure that?

- Why measure? How to measure?
- What things do people typically count?
- What things should you measure?

“It is no longer enough to measure what we can – we need to measure what matters.”

How do we measure what matters?



Wells R, Whitworth A. 2007. Assessing outcomes of health and medical research: do we measure what counts or count what we can measure? *Australia and New Zealand Health Policy*, 4:14

A great resource: the RAND Report

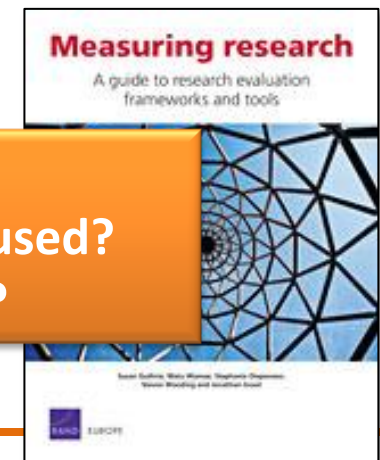
- [Measuring Research: A Guide to Research Evaluation Frameworks and Tools](#)
 - AAMC commissioned a report from the RAND Corporation
 - Summarizes current conceptual models for how biomedical research translates into academic, health, social and economic impacts, and profiles 14 robust research evaluation initiatives already in use
 - Includes a detailed and critical review of a host of tested and documented assessment tools, which can be used for various purposes--whether for advocacy, accountability, analysis or internal allocation decision-making.
 - A related [research brief](#) is also available.



Tools

- **bibliometrics:** a range of techniques for assessing quantity, dissemination and content of publications and patents; uses quantitative analysis to measure patterns of publication and citation, typically focusing on journal papers
- **surveys:** provide a broad overview of the current status of a particular program or body of research; widely used in research evaluation to provide comparable data across a range of researchers and/or grants which are easy to analyze
- **logic models:** graphic representation of the essential elements of a program or process; aims to encourage systematic thinking and guide planning, monitoring and evaluation
- **case studies:** can be used in a variety of ways; flexible enough to capture a wide variety of impacts, including the unexpected, and can provide the full context around a piece of research, researcher or impact
- **economic analysis:** comparative analysis of costs (inputs) and consequences (outputs); aims to assess whether benefits outweigh opportunity costs and whether efficiency is achieved; generally, there are three types of economic analysis: cost-benefit analysis (CBA), cost-effectiveness analysis (CEA) and cost-utility analysis (CUA)
- **peer review:** review by peers, typically other academics in the same or a similar field, of outputs of research; rationale that subject experts are uniquely qualified to assess the quality of the work of others
- **data mining:** allows access to and understanding of existing data sets; uses algorithms to find correlations and patterns and present them in a meaningful format, reducing complexity without losing information
- **interviews:** used to obtain supplemental information on areas of interest, generally to access personal perspectives on a topic, or more detailed contextual information
- **data visualization:** tool for data summarization, presenting large amounts of data in a visual format for human comprehension and interpretation
- **site visits:** visit by evaluating committee to department and institution; generally consists of a series of meetings over one or more days with a range of stakeholders
- **document review:** review of existing documentation and reports on a topic.

What is it?
When should it be used?
How is it used?



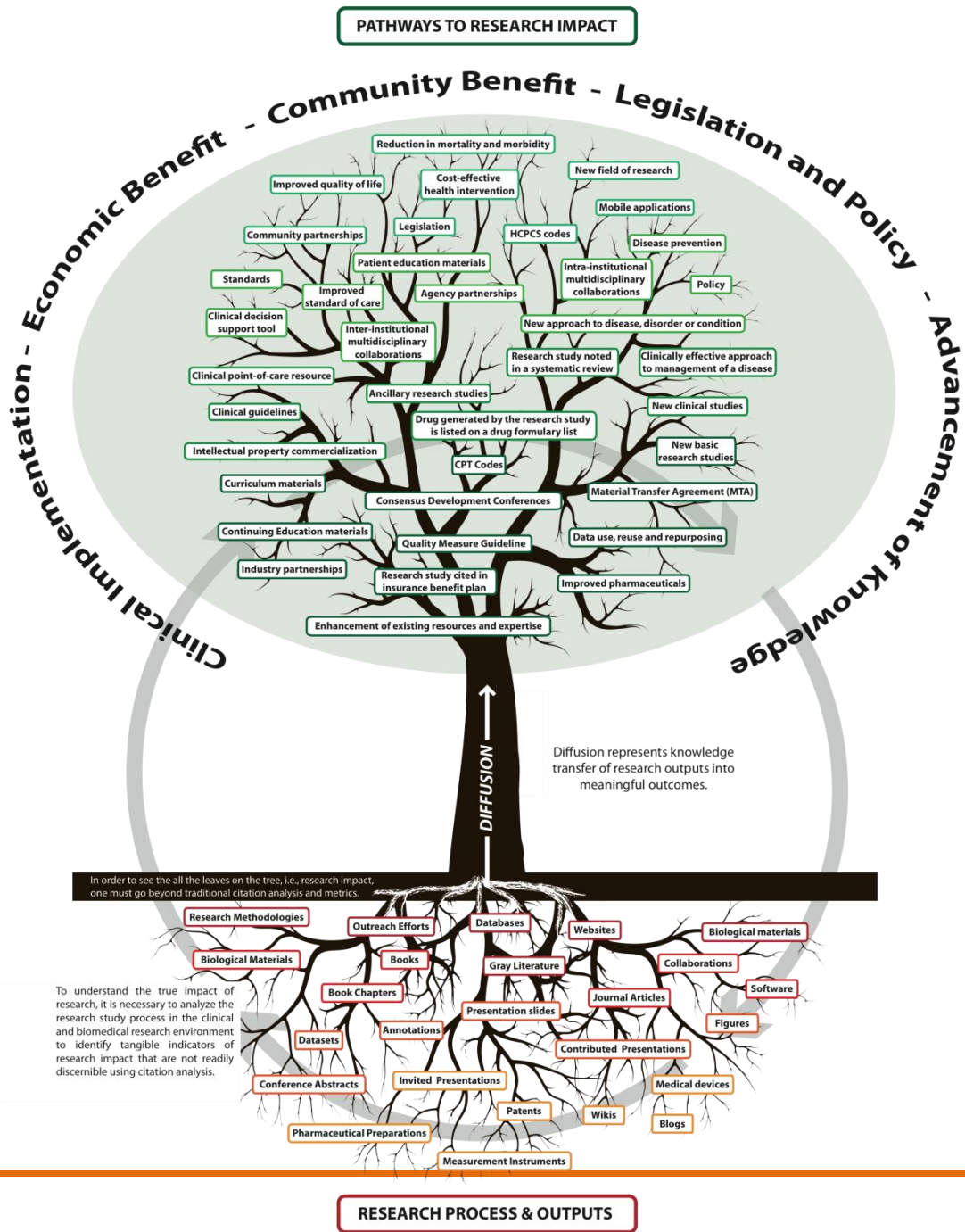
Frameworks

- Canadian Academy of Health Science Payback Framework (Canada)
- Excellence in Research for Australia (ERA) (Australia)
- National Institute of Health Research Dashboard (England)
- Research Excellence Framework (REF) (UK)
- Productive Interactions (Netherlands and European Commission).
- Science and Technology for America's Reinvestment: Measuring the Effect of Research on Innovation, Competitiveness and Science (STAR METRICS) (US)
- Several others...

Origin and rationale
Scope
Measurement
Application to date
Analysis
Wider applicability



The Becker Model



The Becker Model involves tracking **research outputs** that have been **disseminated/diffused** to locate **indicators** that demonstrate evidence of **research impact**.



Pathways

- ✓ Advancement of Knowledge
 - ✓ Clinical Implementation
 - ✓ Legislation and Policy Enactment
 - ✓ Economic Benefit
 - ✓ Community Benefit
-

The Becker Model

- Provides a supplement to publication analysis to provide a more robust and comprehensive perspective of biomedical research impact.
 - reporting templates, glossary of resources and terms, examples of relevant indicators of impact across the research process, readings, and a sample of a completed report
 - Straightforward framework for tracking diffusion of research outputs and activities to locate indicators that demonstrate evidence of biomedical research impact
 - individual, core, and institutional-level; modify for different disciplines
 - Guidance for quantifying and documenting research impact as well as resources for locating evidence of impact.
 - Strategies for **enhancing** the impact of research.
 - *Preparing for Publication, Dissemination, and Keeping Track of Your Research*
-

Project Website

ASSESSING THE **IMPACT** OF RESEARCH

A Bernard Becker Medical Library Project

THE MODEL //
HOW TO USE //
ENHANCING YOUR IMPACT //
INFORMATION AND RESOURCES //

THE MODEL FOR ASSESSMENT OF RESEARCH IMPACT IS A FRAMEWORK FOR **TRACKING DIFFUSION** OF RESEARCH OUTPUTS AND ACTIVITIES TO LOCATE INDICATORS THAT DEMONSTRATE EVIDENCE OF BIOMEDICAL RESEARCH IMPACT.

Research Output and Activities

What was **CREATED** by a research study? How was the research output **DISSEMINATED**? What activities were **UNDERTAKEN** by the members of the research group?

Advancement of Knowledge

How were research output and activities **USED**? How was **AWARENESS** of research output demonstrated?


Clinical Implementation

How was **TRANSLATION** of research output and activities into clinical applications demonstrated?



<https://becker.wustl.edu/impact-assessment>

Implementation of Becker Model

- Case Study 
 - Select 3-5 for further analysis
- Operationalize application of the Becker Model
 - Make it replicable and scalable at other sites
 - Develop an SOP or “product” for others to use.

Target Sample Criteria:

- Member of ICTS
- Recipient of JiT or Pilot funding from ICTS or K12 support
- ICTS member with high levels of collaboration (in renewal document)
- A mix of ICTS members at various career stages including scholars
- ICTS members (at least one bench, one clinical) and one project group such as a Core Facility that has received or is currently receiving funding from ICTS
- Suggestions by T&E Team, and ICTS PIs and administrators

Implementation of Becker Model

Seminar Series for Investigators and Scholars and/or Recipients of ICTS Funding

NIH Public Access

- Recipients of ICTS funding are required to cite the ICTS award in peer-reviewed publications that result from ICTS funding. This session will provide an overview of the NIH Public Access Policy including the steps involved in complying with the policy and how to demonstrate compliance.

Optimizing Dissemination of Research

- Optimizing discoverability and access of research findings is the surest way to enhance visibility and impact of ICTS research efforts. This session will review a variety of strategies for investigators and scholars to consider as they prepare to disseminate their research.

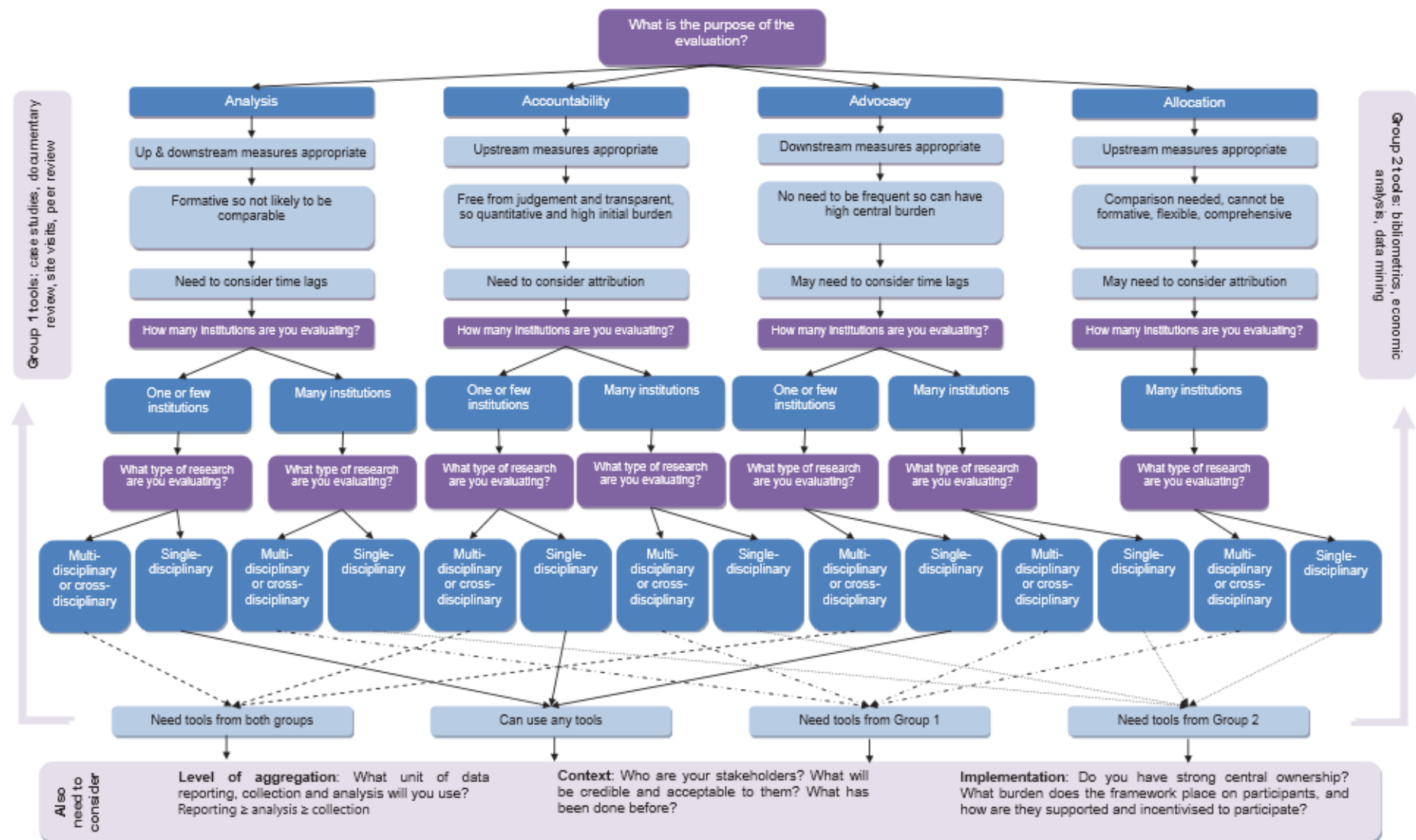
Reporting Impact

- The ability to effectively demonstrate Return on Investment (ROI) and impact is essential for ICTS reporting purposes and can also be a very valuable component of promotion and tenure activities. This session will describe how investigators and scholars can effectively report on impact and “success stories” from ICTS funding using publication data, grant application/award data, new or promising discoveries, collaborations, and other information.



Translating this into your own
environment...

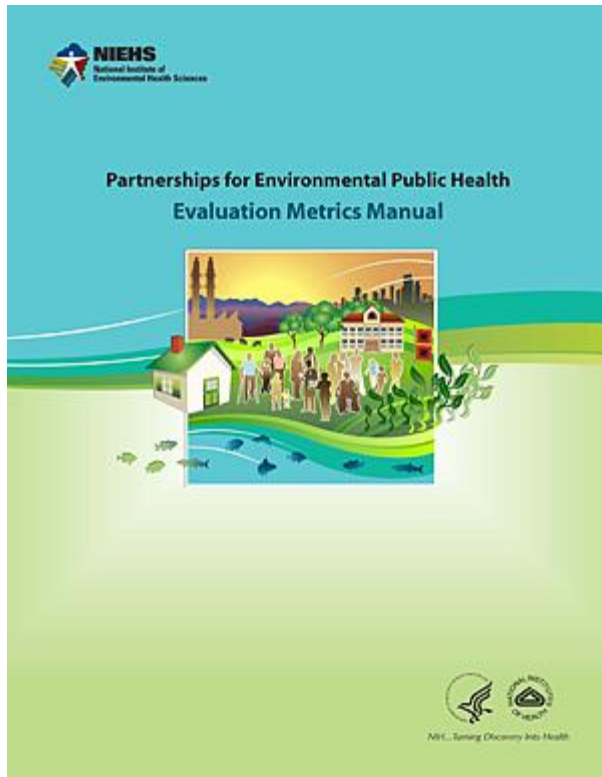
A decision tree for developing a research evaluation framework



Translating this into your own environment

Partnerships for Environmental Public Health (PEPH) Evaluation Metrics Manual

- NIEHS Division of Extramural Research and Training
- Ideas about how to measure and document success



Sample metrics from grantee programs include:

- **Demonstrating success at identifying partners** — The University of Cincinnati's anti-idling campaign provided a *description of the partners involved and the resources they bring to the project*. Cincinnati Public Schools (CPS) provided access to students and schools, Cincinnati Health Department provided nursing services, a Councilwoman provided credibility and the ability to attract attention to the project, and the Hamilton County Department of Environmental Services provided training and information to CPS staff and students.
- **Demonstrating that they communicated their findings in a variety of products** — The Bay Area Breast Cancer and the Environment Research Center described the number and demographics of their *social media audience*. The center has more than 1,000 followers on twitter and 864 Facebook friends. Followers are 70 percent female and more than half are age 40 or older.
- **Demonstrating the policy impacts of their advocacy** — The Trade, Health, and Environment Impact Project at the University of Southern California documented its contribution to the formation of the San Pedro Bay Ports Clean Air Action Plan. The plan stated that the Ports of Los Angeles and Long Beach would reduce air pollution by 45 percent by 2011. The project also documented its involvement in passing the Clean Air Action Plan, which established a progressive ban on polluting trucks. *The plan resulted in a 70 percent reduction in port truck emissions in the Port of Los Angeles in the first year.*

Questions?

Supporting Dissemination & Impact

Jae Allen, MBA

Strategies and people.

T&E Team Role

- Strategy: Develop, describe & implement T&E aims and procedures to measure impact of the WU CTSA
 - Data: Collect, clean and store information
 - Data elements (ex. publications, grants received)
 - Examples of successful research (vignettes)
 - Analysis: Apply our diverse areas of expertise to analyze information and develop representations (graphs, tables, charts)
-

T&E Team Role, continued

- *Illustrate*: Weave the various representations into a description of impact
 - *Disseminate* our findings through multiple communication channels
-

Weaving the Tapestry of Impact

Describing Impact, to date:

- Built infrastructure to support clinical & translational research (Elizabeth)
- Broke down barriers to increase research collaborations (Cathy & Bobbi)
- Measured quality and extent of clinical & translational science (Cathy)

How do we take the next step of describing IMPACT?

New Initiatives

- New Resources
 - Navigation Resources (Betsy Keath, PhD)
 - Research Forums (John Kotyk, PhD)
 - Return on Investment for Funding Programs
 - Becker Model Implementation
-

New Resources

- Personalized Consultation (Dr. Keath)
 - Research and Teaching Experience
 - Experience as lead investigator, educator and mentor in University setting (20+ yrs)
 - Participated in scientific review on national study sections (6 yrs)
 - Scientific Programme Officer for Science Foundation Ireland
 - Consultant for Irish Cancer Society
 - Needs assessment
 - Gap analysis on priority topics to influence agency policy
- eNavigator Portal

<http://www.icts.wustl.edu/icts-researchers/icts-cores/contact-icts-navigator>

New Resources, cont.

- Research Forum – Child Health (Dr. Kotyk)
 - Pharmaceutical Industry, Research Fellow (17 years)
 - Research – drug discovery and development
 - Project management
 - Research Associate Professor of Radiology (8 years)
 - Helped create the WU Center for Clinical Imaging Research
 - Established the ICTS Human Imaging Unit
 - Protocol/Project development
 - Personal connections to the success stories
-

Annual ROI Analysis

- Annual Clinical & Translational Awards
 - ~20 awards, ~ \$50,000
 - Progress Reports & Annual Surveys (5 yrs post)
 - External Grants Submitted
 - External Grants Awarded
 - Publications
-

Pilot Program ROI

# Years Post Award	External Funding, in Millions	# External Grants
1	\$10.2	10
2	\$27.7	25
3	\$46.7	40
4	\$47.2	41

Return of \$5.51 per dollar spent on the program over 5 years.

Dissemination & Communication Channels

ICTS Website: Audiences



Institute of **C**linical and
Translational **S**ciences

For
ICTS Researchers

For
Community Partners

For
The Public

OVERVIEW

EDUCATION

NEWS & EVENTS

RESEARCH PARTICIPATION

Accelerating Discoveries Toward
Better Health



Shortcuts

[Healthy Living Tips](#)
[Your Disease Risk](#)
[How Research Works](#)
[Volunteer for Research](#)



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Spotlight

Save the date! Our Community, Our Health presents

Community/University

Partnerships: Potential Impacts on Health - Friday, May 31 at the Missouri History

News

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 **Institute of Clinical and Translational Sciences**

For ICTS Researchers **For Community Partners** **For The Public**

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FOR ICTS RESEARCHERS > IMPACT


Return on Investment

Collaboration

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Impact



Quantifying the impact and relevance of translational research is an evolving discipline and evaluating the impact of the ICTS requires a multi-faceted approach. In cooperation with CTSA institutions, the National Institutes of Health has provided insight about metrics to inform a national audience and about several metrics meaningful for measuring local impact.

Given those guidelines and other metrics needed to inform the many ICTS stakeholders, the ICTS Tracking & Evaluation team has implemented several processes for capturing and analyzing data about ICTS investigators, their research and resulting discoveries. Examples of those analyses are categorized and available through the menu on the left.

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College of Nursing

Washington University School of Medicine
Campus Box 8066
660 S. Euclid Ave.
St. Louis, MO, 63110-1093
Phone: 314.362.9829
Fax: 314.362.8015
Email: icts@dom.wustl.edu

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Supported by CTSA Grant
UL1 TR000448.
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WU Public Affairs (Outlook Magazine)

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School of Medicine MAGAZINE **Outlook** APR 2013 CONTENTS →

seeds of discovery

funding initiative speeds innovation to improve health

Each dot denotes a faculty member of the ICTS, and each connecting line represents a collaboration between faculty in submitting an NIH grant application. ICTS began in 2007, above left, and by 2010, above right, there had already been a dramatic increase in the number of collaborations and the density of interconnections among research groups.

BY JULIA EVANGELOU STRAIT

Whether providing pilot funding to gather initial data or final funding for projects heading toward publication, grants awarded by Washington University's Institute of Clinical and Translational Sciences (ICTS) are ultimately aimed at one goal — supporting medical research that has the highest likelihood of benefiting patients quickly.

"Facilitating new research collaborations across traditional disciplinary

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- Monthly “ICTS Digest”: email with links to website updates
 - Emails to Members
 - Scholarly works (posters and publications)
 - Annual Progress Reports
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Benefit at Multiple Levels

- Individual: highlights accomplishments and documents career progression
 - ICTS: illustrates value & informs decision making
 - Institution: enhances intra-institutional connections, strategic value for Washington University
 - Consortium: illustrates value and impact of national community health research, inter-institutional with local partners
-

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Sharing roundtable discussion.

Open Discussion

Sharing roundtable discussion.

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Acknowledgement

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