This month, we celebrated a milestone: It has been a year since DBMI moved from EBL to 2525 West End. There were some anticipated hardships related to the relocation, but everyone adjusted very well. I have thanked all of you for your support during this time, but want to say it again. DBMI has gone through this transition with minimal problems, and it is because of all the good people we call the DBMI team.

Of course, changing our office addresses was one of the smaller transformations we began this year. Some changes have affected each of us as individuals, while others have affected the department. Obviously my taking on additional responsibilities was an unexpected change that I could not have done without your support.

Moreover, these changes will be dwarfed by events occurring throughout the department, VUMC, and continual growth in Nashville in 2015-16.

We are sad to see a few of our faculty leave, though excited about the new frontiers they will face. And as always, we congratulate trainees who are moving into the next phase of their careers—whether at Vanderbilt or elsewhere.

But we also have a lot to look forward to in the coming years. We recently created a new Master’s in Applied Clinical Informatics degree program. We know this will provide a needed training program to the nation, and we expect it to quickly become the premier program in the country. We have been developing a number of Centers within the department, and are hopeful that they will soon have space somewhere in the building. We will increase our visibility on the web, with social network accounts and additional websites.

As Khalil Gibran said, “Progress lies not in enhancing what is, but in advancing toward what will be.” Thank you for all the hard work we have completed and for being agents of change in pursuit of progress. Keep up the good work as we look forward to another busy year in DBMI!

AMIA Presentations Accepted

Ravi Atreya
Podium Abstract
Assessing Variability in Breast Cancer Treatment Paths Using Frequent Sequence Mining
Ravi V. Atreya, Thomas A. Lasko, Mia A. Levy

Eleanor Barone
Poster
Analysis of Workflows: How Workflows Interact with CPOE to Contribute to Errors

Alex Cheng
Poster
Predicting Clinical Laboratory Turnaround Time

Robert Cronin
Automated classification of consumer health information needs in patient portal messages
Cronin RM, Fabbri D, Denny JC, Jackson GP

Sharon Davis
Student Paper
Health literacy, education levels, and patient portal usage during hospitalizations
Davis SE, Osborn CY, Kripalani S, Goggins KM, Jackson GP

Kevin Dufendach
Poster
visDesign: Initial Approach to Creating an Interactive User Interface Design Tool to Enhance User-Centered Design

Jejo Koola
Poster
A Novel Visualization for Rapid Summarization of Patient History: Application to Cirrhosis

Dara Eckerle Mize
Poster: Comparison of Patient Portal Usage between Employees and Non-Employees
Dara Eckerle Mize, Lina Sulieman, Trent Rosenbloom, Daniel Fabbri

Travis Osterman
Abstract Presentation
Quantifying Tobacco Exposure Using Clinical Notes and Natural Language Processing to Enable Lung Cancer Screening
Travis J. Osterman DO, Wei-Qi Wei MMed, PhD, Joshua C. Denny MD, MS

Laura Wiley
Tutorial
T12: Using R for Healthcare Data Science
Vojtech Huser, Laura K Wiley

Interactive Panel
S94: Career Opportunities for the Many Paths to Informatics Laura K. Wiley; Tiffany Kelley; Virginia Lorenzi; Vishnu Mohan; Jessica D. Tenenbaum; Julie W. Doberne
Have you ever tried to explain your research to a friend, family member, potential research participant, or even fellow scientists and run into trouble getting your message across? One problem that I encountered during my most recent research project was in conveying key concepts to community members who I was hoping to work with. Somewhere between the words “biomedical informatics” and “tools to help you,” peoples’ eyes tended to glaze over and it was clear that my enthusiasm for the project wasn’t coming across to them in a helpful way.

My communication problem isn’t really a standalone situation, but symptomatic of a larger problem in biomedical informatics. As a field, we have not been as effective as we could be at getting messages across about how critical our work is to the health of every single person in America. Think about the conversations you have with people who are not in healthcare. How often do people fail to understand what your research actually focuses on? For example, how many people have asked you about why healthcare.gov was a mess? If they do understand what your research is about, how often do people have a positive impression of health information technology? How often do these conversations end up being about high profile cases where technology failed and someone was injured, or about how big of a hassle it is to get information from one doctor to another? We cannot hide these failures because they are important to understand, but we need a narrative that also conveys our successes for the long-term success of the field.

We also have problems communicating about our work with people in our own field. How many AMIA talks have you been to that were compelling or memorable? How often did presenters rely on unnecessary jargon during their talks? What distinguishes an interesting paper or panel at AMIA from other meeting content? What leaves you feeling energized and excited about the future of research in our field at the end of the AMIA conference? It is not just about the importance of what people are studying or how novel their research is, but rather how they communicate about it.

I recently had the opportunity to learn some new communication skills and new approaches to science communication through a summer boot camp for scientists at the Alda Center for Communicating Science (http://www.centerforcommunicatingscience.org), located at Stony Brook University. The Alda Center focuses on helping scientists communicate more effectively with the public about science, and has the added benefit of improving communication with scientific peers. The techniques they use are outside the normal way that we teach communication skills in scientific doctoral programs: improvisation and storytelling. If you’re familiar with improv based on comedy shows, the important point is that improv isn’t just for funny stories, it’s a way to rapidly adapt and react to changing situations and contexts. Storytelling is just what it sounds like, but unusual when you’re talking about science: finding the compelling human stories in your data that can help communicate messages about your research in an interesting and informative way. Part of that human story is your story: why you find the data or research topic interesting and what motivates you to be interested in this topic. The idea is that science can come off as being incredibly dry and even boring, but if we work on how we communicate these concepts, we can get people outside of our field interested and engaged in the critical issues that we are studying.

More information about the Alda Center is available at their website. I’d also be glad to discuss ideas about how we can incorporate these concepts into biomedical informatics with anyone who might be interested.
New Masters program in Applied Clinical Informatics

The following article was printed in The Reporter.

by Josh Brown | Thursday, Jun. 25, 2015, 9:11 AM

A new program being offered this fall through Vanderbilt University School of Medicine will offer health care professionals the opportunity to earn a master’s degree in the growing biomedical informatics field.

The Department of Biomedical Informatics is launching a two-year Master of Science in Applied Clinical Informatics (MSACI) program, which is designed for clinicians and experienced professionals from other health disciplines who desire rigorous, practical informatics training. The program emphasizes a theoretical and practical understanding of the foundations of clinical informatics, health systems, health information technology and organizational leadership.

The program is designed for working health care professionals. Courses are offered in intensive evening and weekend sessions, likely one evening per week and one weekend per month, as well as online instruction.

Biomedical informatics, which focuses on the management of health information in clinical practice and research, has become increasingly important as medical institutions and public health officials look for data-driven methods to improve health across large populations of patients and to precisely target treatments, said Josh Peterson, M.D., MPH, assistant professor of Biomedical Informatics and Medicine, who will serve as director for the degree program.

“We are the largest biomedical informatics department in the country, well positioned to train health care professionals for this exciting new specialty devoted to advancing the application of informatics in health care,” Peterson said.

For physicians seeking subspecialty board certification in Clinical Informatics, the MSACI degree program will satisfy education certification requirements and prepare students to sit for the board exam. The program will also provide the didactic component of Vanderbilt’s ACGME-accredited clinical informatics fellowship (application in review), which will become the only pathway to certification in 2018, Peterson said.

More information can be found at https://medschool.vanderbilt.edu/dbmi/master-s-science-applied-clinical-informatics.
1. Proteomic analysis of colon and rectal carcinoma using standard and customized databases.

2. Design and implementation of a privacy preserving electronic health record linkage tool in chicago.
PMID: 26104741 [PubMed - as supplied by publisher]

PMID: 26104740 [PubMed - as supplied by publisher]

4. Common Genetic Variation In Cellular Transport Genes and Epithelial Ovarian Cancer (EOC) Risk.

5. ERBB activation modulates sensitivity to MEK1/2 inhibition in a subset of driver-negative melanoma.
Oncotarget. 2015 Jun 13. [Epub ahead of print]
PMID: 26084293 [PubMed - as supplied by publisher] Free Article

6. Deciphering Signaling Pathway Networks to Understand the Molecular Mechanisms of Metformin Action.

7. Whole genome sequencing reveals oncogenic mutations in mycosis fungoides.
Recent Publications By DBMI Authors (cont.)


9. Using natural language processing to provide personalized learning opportunities from trainee clinical notes.

Denny JC, Spickard A 3rd, Speltz PJ, Poirier R, Rosenstiel D, Powers JS.

10. Genome-Wide Association Study of Serum Creatinine Levels during Vancomycin Therapy.

Quote of the Month

We have a hunger of the mind which asks for knowledge of all around us, and the more we gain, the more is our desire; the more we see, the more we are capable of seeing.

Maria Mitchell