IRB ADVISOR

Your Practical Guide To Institutional Review Board Management

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Case report forms can more accurately determine ADEs

Better method for finding causal connections

Adverse drug event (ADE) reporting often is inaccurate, has omissions, and sends unnecessary information to IRBs, an expert says.

The problem is that clinical trial researchers and staff often take histories in an unstructured way that leads to mistakes, says **Steven Belknap**, MD, an assistant professor at Northwestern University in Chicago, IL.

"My career has always involved research and clinical medicine," Belknap says.

"One thing I noticed in taking histories from patients is if I ask a patient 'Are you having problems with your medications, they say 'No,'" he says. "Then if you ask them, 'Since you started taking Medicine X are you having Y?' and they say, 'Yes.'"

Often patients have experienced a change but are not aware it's associated with a medication, he adds.

Clinicians and researchers need to ask about adverse drug events in a structured way, asking specific questions about symptoms. This generates different information than when they ask a global or general question, Belknap says.

"There's still a widespread use of global introspection for ADEs in clinical trials," he says.

Investigators evaluate some information from subjects and make a determination as to whether there's a causal connection between some exposure to drugs and toxicity.

"Take the same experts and have them use a structure for these questions, and they'll get a more reproducible assessment than they will with an unstructured approach," Belknap says.

For example, Belknap has seen cases where a patient has a severe rash such as toxic epidermal necrolysis, which can be fatal. The patient's rash began on May 1st. Then on May 15th, the patient receives the investigational drug.

"Somehow, when data are analyzed, it's the drug that is given credit

for the rash," he says. "Maybe that drug was administered in an earlier course of treatment, and there are a lot of possible explanations, but if the description of data is correct, the attribution is incorrect."

Investigators who ask ADE questions in a structured way reduce the likelihood of making that mistake, he adds.

Belknap and co-investigators found in a study of 49 National Cancer Institute (NCI) designated centers that many use global introspection, despite its proven inaccuracy, to report ADE causality to their IRBs.[1]

Investigators reviewed the tools and methods used at all of the NCI centers. They found that none of the forms used a validated method for assessing causality, and nearly 80% of them prompting for global introspection.[1]

The tools used by the cancer centers did not prompt for the information needed to give useful reports to the IRB. From the IRB's perspective, it would be helpful to know whether the consent form needs to be changed or if there is a need for revising the protocol or excluding additional subjects from a study, Belknap says.

"In some cases a protocol might need to be terminated, and to make those sorts of decisions and work with investigators, we need accurate information," he explains.

The tools many clinical trial sites and the 49 NCI centers use to capture ADE information are woefully inadequate and give poor information to IRBs, he adds.

"Getting good data requires meticulous attention to how you gather, describe, and check data," Belknap says. "One reason why it's not done correctly is because it's left to statisticians: 'We'll just gather these data and leave the information in the database and statisticians will figure them out.'"

While this can work sometimes, too often it creates so much noise that the true ADEs are difficult to find, he adds.

For instance, some adverse events are common in a general population. One example is deep vein thrombosis. If a study population has some incidents of deep vein thrombosis (DVT), then this becomes noise to statisticians. They would have a difficult time separating the DVTs that occurred because of the investigational drug and those that appeared irrespective of the drug, Belknap explains.

More precise and accurate ADE reporting will give IRBs more accurate information and give data safety monitoring boards (DSMBs) better quality data on which to base their decisions.

"So the approach we're taking is to try to use methodologies and tools that have been validated and shown to work," he says. "It's a simple idea, and it's surprising that it has not been used more widely."

Some examples of tools that produce better results include the Naranjo Score, which has been validated, and also the Common Terminology

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Criteria for Adverse Events (CTCAE), Belknap suggests.

"In theory, the NCI centers were using Naranjo and the CTCAE, but when you looked at the forms and tools they used, you could see they weren't capturing the information in a structured way," Belknap says. "Some of the investigators were reporting things perfectly, but it increases the likelihood of omission and error if you don't have a structured way of capturing data."

IRBs can assist investigators and clinical trial sites with improving their ADE data collection through three steps, he says:

• **Reduce administrative burdens:** IRBs need to understand the enormous administrative burden placed on research staff, Belknap says.

"This is a major problem," he explains. "The first thing that needs to be done at most medical centers is to carefully review all things required of investigators and eliminate those that are not providing any value."

• **Capture data automatically:** IRBs and research institutions need to automate data capture as well as possible.

Research sites and IRBs often have cumbersome electronic system interfaces. Sometimes a research coordinator will need to type data from one computer screen into another, a process that places administrative burden on research staff and can introduce errors, Belknap says.

"One thing a center can do is if they have an electronic medical record, then instead of having research staff do double entry of everything, let's repopulate the form and send the information to many places, including the IRB, sponsor, coordinating data center," he adds. "Things need to be done in a thoughtful way that respects the study staff's time and resources."

• **Identify and capture key information:** The third step is to identify information the IRB needs and add those elements in the data capture. They can use evidence-based tools that are validated and reproducible.

"They could use our forms if they want," Belknap says. "We went to a lot of effort to put this together and make it evidence-based, that it might be a good resource for people to see what we did and base their process on what we did."

For example, the model adverse drug event reporting form to which Belknap refers has research staff describe an adverse event according to CTCAE version 3.0 choices and list whether the event is expected.

The model form also includes this partial list of items:

• Describe the event's severity according to the CTCAE's grades 1 through 5;

• Describe the event's seriousness from the choices of death, life-threatening experience, inpatient hospitalization, prolonged hospitalization, significant disability, congenital anomaly, not serious;

• Describe patient outcome from the choices of resolved, resolved with sequelae, ongoing, automatic display of death if chosen in "seriousness of event" query;

• Suspected agent;

• Strength of association:

• Date drug was last administered;

• Medication(s) prescribed to improve symptoms of event;

• Dosage of treatment medication(s);

• Date treatment medication last administered;

• Duration of treatment medication administration;

• Date toxic effect improved, resolved, worsened;

• According to answers given above, did the toxic effect improve with drug discontinuation or treatment or was the association tested with a placebo or did the toxic effect re-appear when a placebo was administered?

• Was the drug administered at a previous time?

• Did the event occur with previous administration of the drug?

• Concurrent medications with risks similar to event?

• Are the patient's underlying condition or other co-morbidities possible causes?

• Anything in the patient's history that indicates a possible cause?

• May any element of the research process be a possible cause?

• According to the answers given above, are there alternate causes that could have caused the event?

If research sites follow these steps, beginning with reducing administrative burdens, then they'll see that the quality of their ADE information will increase at the same time the total time burden on staff decreases, Belknap says.

REFERENCE:

1. Belknap SM, Georgopoulos CH, West DP, et al. Quality of methods for assessing and reporting serious adverse events in clinical trials of cancer drugs. *Clin Pharmacol & Therap* 2010; 88(2):231-236. ■

Maximizing efficiency and time management

Efforts evaluated by Survey Monkey

Everyone does more work with less time these days. So how can an IRB make new board member training effective without being time demanding? One IRB has found that the answer is to hold brief educational sessions during its board meetings.

"The way the University of Pennsylvania has chosen to do it is to conduct new member training at IRB meetings," says **Megan Kasimatis Singleton**, JD, an associate director of education and training in the office of regulatory affairs at the University of Pennsylvania in Philadelphia, PA.

"The rationale is to provide members with an opportunity to constantly obtain new information and to be exposed to a variety of educational topics while not putting undue burden on our members to attend specialized training sessions," she explains. "We wanted to incorporate this into the IRB meeting time as much as possible."

These 10-minute educational sessions cover a variety of topics over the course of a year.

"Each year, the topic list is developed based on emerging guidance we received or the issues we found were particularly challenging," Singleton says. "We do the presentations either before or right after the convened board meeting takes place."

University of Pennsylvania IRB administrators, who each are assigned to their own IRB, prepare the educational sessions by first giving a presentation at an IRB administrators' meeting, where they receive feedback and commentary, she says.

"Once the training session is developed with group feedback in its final form, all individual administrators are expected to present the actual training to their IRB members," she explains.

Each month, there is an educational topic that is uniform across the IRBs.

"We decide on the presentation and have the same training given to each board," Singleton says. "One month it might be about informed consent; IRB administrators can use examples of informed consent from their own board meetings to highlight information during the training session."

New IRB members also undergo an initial orientation and standardized training program that includes showing them the IRB's electronic system, she notes.

"What we've done in addition to these efforts is an ongoing effort for IRB membership to have an annual member evaluation," Singleton says. "We identify needs any member might have going forward."

This type of evaluation is important because it enables the IRB office to assess members' satisfaction with any of the training and educational experiences.

"We decided to do an assessment of our members to see what their training experiences were and what their feedback was so we could improve their training," Singleton says.

Using a web-based survey tool called Survey Monkey, the IRB sent all members a voluntary and anonymous survey with 32 items, she adds.

"We asked a combination of multiple choice and open-ended questions to assess member experience specifically," Singleton says. "About 60% of members responded."

The survey tool was inexpensive and included data protection and security.

"In terms of resources, it was pretty easy," Singleton says. "Survey Monkey provides some data output you can use to get some basic feedback when you're trying to do an initial analysis of your data, and this is really helpful."

Education and training staff learned that IRB members felt the educational sessions at board meetings were a benefit overall, she notes.

"The majority of respondents indicated they would prefer coming to the training at an IRB meeting rather than externally," Singleton says. "More than half said they wouldn't be able to attend if it was scheduled at a time not parallel to the IRB meetings."

Also, members indicated they liked having member training at the beginning of the meetings because it set the stage for discussion and opened the door for engaging the group to discuss ethical issues, Singleton says.

"Based on member preference, we transitioned training to be at the beginning of the meeting," she adds.

The meeting educational sessions typically used a slide or PowerPoint presentation format. In the survey, members indicated they were open to different types of training formats and styles.

"Moving forward, we've implemented a variety of training techniques," Singleton says.

One of the biggest challenges in creating IRB member meeting training sessions has been keeping these short enough to fit in with the board's regular agenda, she notes.

"So we keep the learning points to two or three key, take-home learning points and focus efforts on those to allow training to be conducted within 10 to 15 minutes," she explains.

IRBs also might consider using annual surveys and evaluations as a way to find out what their particular members need at any given time.

"A lot of our educational topics for 2011 came out of comments members gave of their own need assessments, which we compared and matched with the needs we've identified," Singleton says. "After members do their evaluations we address the board's needs and address training opportunities and gaps." ■

BEST PRACTICE SPOTLIGHT

Cutting response time for expedited review

Here's how they went from 14 to 5 days

Human research protection program staff at the VA Medical Center in Tuscaloosa, AL, knew there was a problem with the IRB's expedited review process. It was taking 14 or more days to get information back to research assistants.

"We noticed that several people had used delays to get expedited reviews turned around," says **Darlene S. Knox**, program analyst and human research protection program administrator at the VA Medical Center.

"Expedited reviews took 14 days on average from submission to correspondence to investigator," she adds. "We made a goal of turning expedited reviews around in five days."

This was an ambitious goal because the office had no electronic system for tracking expedited reviews at that time. There were mountains of reviews collected in a folder.

To even determine how fast or slow the review system was, they had to look at the dates research assistants turned in the proposals and compare these to the dates when the IRB chair signed them, says **Julie R. Wakefield**, MA, administrative officer of research and development at the Tuscaloosa VA Medical Center.

"We discussed them in a [R&D] research and development meeting and tried to come up with a process that would allow more than just the IRB chair and vice chair review these documents," Knox says. "We wanted to establish a process where the chair and vice chair could delegate the responsibility of reviewing the expedited protocol to someone else."

They decided an experienced IRB member could handle expedited reviews. Experienced members were those who had been on the board for at least six months. The change was called a "delegation of authority for the expedited review process of experienced IRB members."

The next step was to explain this change in a memo, along with a list of people who now could review and make a decision on expedited review submissions.

When a new expedited review request came to the IRB office, IRB staff would send out an email to the list of qualified reviewers and ask for a volunteer to handle the new submission.

"Whoever was the first to respond received the expedited review," Knox says.

IRB staff then sent the reviewer a package that included standard operating procedures for the expedited review process and a separate list of categories of what qualifies for an expedited review, she adds.

They also began to send the results in an attachment to principal investigators, notifying them that a hard copy was available to be picked up.

"Recently, we've added an electronic system—IRBNet, a program that will help streamline the process even more," Knox says. "Investigators can submit their projects through IRBNet and will receive a notification that it has been submitted."

The change has been straightforward and fairly seamless, she adds.

"There were sometimes situations where submissions didn't make the criteria, and reviewers would refer them to the full board," she says. "But outside of that, there were no other issues."

The change accomplished its goal: the expedited review process was reduced to five or fewer days. Plus there was an added benefit in that IRB members involved in the new process were satisfied with the extra work, Knox says. ■

Combating 'mission creep' in IRB review

Gauging the effects five years after white paper made recommendations to OHRP, IRBs

Five years ago, a panel of researchers and others involved in social and behavioral sciences convened to explore concerns about the scope and effectiveness of IRB review.

The goal of the project, participants said, was to help IRBs refocus their energies on important biomedical research by freeing them up from unnecessary bureaucratic procedures, as well as from fields of study where their oversight was unnecessary and unsuited to the research at hand.

They produced a document called the *Illinois White Paper,* which outlined several recommendations: gathering more empirical data about IRB activities; seeking more specific guidance from the Office for Human Research Protections about oversight of social-behavioral research; collecting best practices in this area; and removing some activities, such as journalism and oral history, from IRB oversight entirely.

C.K. Gunsalus, JD, director of the National Center for Professional and Research Ethics at the University of Illinois at Urbana-Champaign, chaired the committee that produced the Illinois White Paper. Five years later, she says dialogue about IRB "mission creep" has moved forward, but solutions remain elusive.

"I think there are some pretty interesting national conversations going on about how do we clear the underbrush, particularly for minimal-risk research, so that we can really focus on the areas of serious risk," she says. "So the foundations are laid, and there's an opportunity for more progress."

Researching IRBs

One area in which Gunsalus has seen significant progress is in the collection of empirical data about IRB activities. She pointed to the *Journal of Empirical Research on Human Research Ethics* (JERHRE), which began publication around the same time that the white paper was released.

"I think the field is being jumpstarted by having reputable journals that are seen as a prestigious place to publish," Gunsalus says. "That makes an enormous difference in terms of validating and encouraging research."

Joan Sieber, PhD, JERHRE's editor-in-chief since its founding, says the field of empirical research into human research ethics has been expanding rapidly, encompassing not only IRB activities but the ethical questions posed by new research techniques and technology. However, she says a fundamental question remains unanswered.

"We really don't have a way of figuring out whether IRBs protect human subjects," Sieber says. "We know they generate an enormous amount of paperwork and an enormous amount of anxiety and aggravation, but do they protect subjects?"

And she says that even as more lessons are learned about how to improve the functioning of IRBs, institutions are wary of implementing them, for fear that a study gone wrong could come back to haunt them.

"The first person who would get fired if an institution got into trouble would be the untenured IRB administrator, because they're not a faculty member," Sieber says. "So there is a kind of fear of doing something wrong that I think impedes genuine ethical problem-solving and produces a bureaucratic mindset that distorts priorities."

Seeking guidance

The *Illinois White Paper* called for more clarity in guidance from OHRP, as well as gathering best practices in this area that IRBs can use to help guide their policies.

OHRP has made an effort to provide relevant guidance in the area of social-behavioral studies, says spokeswoman **Ann Bradley**. She notes that in recent guidance documents on continuing review and approval of research with conditions, OHRP included illustrations of policy changes that would apply to social-behavioral research.

While Gunsalus says there have been small steps in the direction of more clear-cut guidance for IRBs about social and behavioral studies, those efforts are still somewhat fragmented. Her own National Center for Professional and Research Ethics is partnering with Public Responsibility in Medicine and Research (PRIM&R) to provide IRB-related items in its new national online ethics resource center. IRB items will cover best practices, including sample consent forms for various kinds of research projects.

"The ideas are out there," she says. "But how do you share them effectively, how do you overcome the local standards? I continue to believe that leveraging and empowering researchers by saying 'Here's our gold-standard form that's been approved at 43 IRBs' is bound to be helpful."

Gunsalus would like to see a more organized effort at gaining consensus on addressing many of these issues. The problem, she says, is that institutions are waiting for some kind of direction from the federal government before attempting to proceed.

"It's a chicken-and-egg problem," she says.

Jeffrey Cooper, MD, MMM, of Huron Consulting Group in Arlington, VA, advises IRBs

about ways to streamline their procedures and eliminate unnecessary activities *(see accompanying story)*. A former vice president for education and regulatory affairs at the Association for the Accreditation of Human Research Protection Programs, Cooper says AAHRPP has been trying to help institutions understand and apply the regulations appropriately.

"But we're not in an environment where a majority of institutions are accredited," he says. "It's having an effect, but I see it as something that's going to take time."

Fields of conflict

The authors of the *Illinois White Paper* recommended removing some fields of study—including oral history and journalism—from IRB oversight. The authors argued that these fields have their own established ethical guidelines and that risks to participants were extremely low.

In the five years since, those who work in those fields say that federal regulations remain essentially unchanged, and in the case of oral history, that promised guidance from OHRP has not been produced.

Zachary Schrag, PhD, an associate professor of history at George Mason University in Fairfax, VA, writes about the intersection of social-behavioral research and IRB review.

While he is pessimistic about guidance from ORHP settling questions regarding oral history, he says several universities have made their own decisions to remove or limit IRB oversight of oral history activities.

"We're talking about less than a dozen institutions total, but those include some very prestigious universities—Columbia, Princeton, the University of Michigan, the University of Texas," Schrag says. "It includes the University of Nebraska-Lincoln, which is an AAHRPP-accredited institution. It includes a couple of federal agencies, the U.S. Army and the Smithsonian Institution. That is certainly a big difference from five years ago."

In the field of journalism, there continue to be problems at individual institutions, says **Esther Thorson**, PhD, associate dean for graduate studies and research at the University of Missouri School of Journalism in Columbia.

While Thorson has worked out a solution with her own IRB *(see accompanying story)*, she says she continues to hear from journalism educators at other universities who struggle with their IRBs over what activities require oversight.

"Nationally, I think it's a fairly horrendous problem," she says. "There continues to be a lot of discussion about it."

REFERENCE

"The *Illinois White Paper: Improving the System for Protecting Human Subjects, Counteracting IRB Mission Creep*" http://www.primr.org/uploadedFiles/PRIMR_Site_Home/Resource_Center/Articles/11.%20Illinois%20Whitepaper.pdf ■

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International Research Panel formed by Obama

Executive director answers questions

*[Editor's note: **Valerie Bonham,** JD, executive director of the Presidential Commission for the Study of Bioethical Issues, answers these two questions about the new International Research Panel formed this year by President Barack Obama.]*

IRB Advisor: The news release about the formation of the International Research Panel says President Obama asked the Presidential Commission for the Study of Bioethical Issues to report on the effectiveness of current U.S. rules and international standards for the protection of human subjects in scientific studies supported by the federal government. This request came on the heels of the recent disclosures that a federal study in the 1940's involved deceiving research participants in Guatemala. Investigators intentionally infected subjects with sexually-transmitted diseases (STDs). This research, shocking though it is, took place a long time ago. What are some of the other reasons why we need to take an in-depth look at today's research protection standards and their real world application?

Bonham: Last October's revelations about STD research studies in Guatemala were particularly disturbing because they involved vulnerable populations. It is another reminder of historic injustices in medical research programs, and the need to make it right.

There is nothing more ethically important than protecting people who are participants in scientific research. Many of the most important advances in medicine were driven by research that involved human participants. If we can't assure people that they will be safe and treated ethically, they won't volunteer for studies. Without volunteers, criti-

cally important research suffers. And society suffers.

IRB Advisor: With the panel's international membership and focus, what could be the impact of the eventual discussions and report? For example, might this achieve a consensus paper that could inform human subjects research protection policies in other countries. Why or why not?

Bonham: President Obama requested that the commission assure him that current rules for research participants protect people from harm or unethical treatment, domestically as well as internationally. He requested that the commission convene an international panel to conduct a thorough review of human subjects protection to determine if Federal regulations and international standards adequately guard the health and well-being of participants in scientific studies supported by the Federal Government.

The International Research Panel was announced earlier this month at the commission's meeting in Washington. The Panel includes some of the most distinguished ethicists, scientists, physicians, and researchers from around the world. Their diverse backgrounds, and commitment to the highest ethical standards will help inform the Bioethics Commission's report to the President which is due at the end of the year. ■

Teaching IRBs to be flexible, drop bad habits

Consultant says IRBs often review what they shouldn't, go beyond the regulatory criteria

When consultant **Jeffrey Cooper** talks to IRBs about using the flexibility of federal regulations to change their procedures, he can see that the message doesn't always get through.

"I'll spend two hours lecturing and talking and going over examples, and the next morning I'll come in and I'll work with somebody and they will make all the mistakes that I told them not to make in the lecture," he says.

Cooper, MD, MMM, of Huron Consulting Group in Arlington, VA, says the real work of helping IRBs change comes when going over studies with them, case-by-case, to see how they could improve the process of review.

Cooper previously served as vice president for education and regulatory affairs at the Association for the Accreditation of Human Research Protection Programs (AAHRPP). Now, he assists institutions seeking accreditation and in some cases is called in to help reach solutions when an institution is having conflict between its researchers and its IRB.

"If the IRB and the investigators are just not getting along, then it indicates there's something wrong," he says. "It can't be that it's all the investigator's fault all the time and that the IRB is doing everything right."

Breaking bad habits

Cooper says that too often, IRBs have picked up bad habits based on a faulty understanding of the regulatory requirements. Some of the most common problems he sees include:

- **Failing to use the flexibility in the regulations:** For example, Cooper says an IRB may decide not to use exemption determinations and require studies that are legitimately exempt to go through either an expedited or a full review process.

"You hear a lot of people say 'We hold things to a higher standard, we don't use the exemption determinations.' My argument is you can hold everything to an equivalent ethical standard, but you don't have to do every single thing that would be required for legality issues that may not have any protection of human subjects."

- **Reviewing non-human research activities:** Cooper says some IRB portfolios are full of activities that are not research involving human subjects as defined by the federal regulations. Examples would include evaluations of programs and quality improvement activities.

"I'm not saying that there aren't evaluations that are also research, or that there isn't quality improvement that is also research," Cooper says. "But most are not human research. IRBs have stretched the definition to a point that there may be substantial amounts of things they are reviewing and spending time on that are simply not human research."

- **Going beyond the regulatory criteria for approval:** Cooper says he sees IRBs ask for changes that go beyond the regulations, in an attempt to protect investigators, for example, or to minimize the risk beyond an already minimal risk.

"In one case, somebody wanted to draw blood and the IRB wanted the blood drawing laboratory to offer the person different kinds of tapes so that the person could choose what sort of tape they wanted to minimize their discomfort.

"If that were really important, the blood draw-

ing labs would be doing it routinely," he says. "It's really the IRB going overboard in taking a minimum risk procedure and trying to make the risk less than what it is in daily life."

• **Taking actions outside their regulatory scope:** Cooper has seen IRBs that sanction investigators, tell investigators that they can't use data they've already gathered or require that they destroy data.

"The IRB is there to approve research, disapprove research, require modifications, suspend, terminate or observe," he says. "After the research is done, the IRB has no authority, unless the institution gave it to them. They're taking on authority that is not in the regulations and has not been granted by the institution."

Advising researchers

Cooper says there are ways to streamline the process of review while still providing strong protections.

One institution he worked with now will advise a researcher if the IRB notices a minor change, such as the removal of a few questions from a survey, that would move a study from expedited to exempt, or even from exempt to non-human research.

At another institution, when a researcher does an audio-taped interview and the subject matter could be potentially harmful to the subject, the IRB might suggest using a device that masks the person's voice to better protect his or her identity.

"You can mask people's voices and you can take (a study) from expedited review to exemption," Cooper says. "People say to me, 'You're helping people cheat around the regulations,' and I say, 'No, I protected human subjects, because I made sure that information was recorded in a way that it's not identifiable.'"

One social-behavioral institution he worked with has changed its policies to allow for more waivers of written documentation of consent for minimal-risk studies. Cooper says one investigator told him he at first didn't like the change, worrying that he wouldn't be able to prove that participants had agreed to be in the study without having a signed document in his files.

"(The investigator) said, 'Then, I realized, I'm going to have to work harder at this. I've got to really make sure that this person wants to be in this study and that they're not going to come back to me and say, 'I didn't sign up for this.'"

Cooper says the investigator's response illustrates a common problem with consent—the more IRBs emphasize the documentation, the less thought and care go into the informed consent process.

"So actually waiving the written documentation had a very positive effect," he says. "I think people have to take the process more seriously, because there's no signature to fall back on." ■

IRBs and journalism: One university's compromise

Cooperation between journalism school and IRB defines the difference between journalism and research

How do you bridge the gap between an IRB that believes all of the work you do is subject to oversight and a faculty that thinks none of it is?

With a lot of discussion, says **Esther Thorson,** PhD, associate dean for graduate studies and research at the University of Missouri School of Journalism in Columbia.

"We went back and forth for, I think it was 18 months," Thorson says. "There were people on the (IRB) who said all journalism is research. We had people on our faculty who would almost come apart at the seams if you talked about any journalism student going to the IRB."

In the end, the IRB and journalism school found a middle path, carefully tearing apart activities that were considered to be truly human subjects research and those that were journalism activities protected by the First Amendment.

Thorson gives credit to the former head of the campus IRB, who met with her several times to work out an agreement. "She was just wonderful."

Research vs. "journalistic analysis"

In MU's journalism master's program, Thorson says students can either do a scholarly thesis or a project that produces a journalistic product—a photo narrative, for example, or a series of stories or an investigative project. Thorson says that in the case of a project, the goal would be something that was published in the general media, as opposed to a scholarly publication.

"But because our program is theory- and research-based, we also require that there be a research component that's attached to that, original research in support of the project," she says. "It might involve things like interviewing newspaper editors to ask them how they feel about pov-

erty in the Missouri Bootheel.

"The IRB said those research components have to get approval. And our faculty said no they don't, because that is part of the journalistic process. That was a big bone of contention."

After a series of discussions between Thorson and the IRB, they arrived at a solution, creating a category of work called "journalistic analysis," which is not subject to IRB oversight.

Language in the master's program handbook *(http://journalism.missouri.edu/graduate/masters/masters-2-year-2011.pdf)* explains the distinction between scholarly research and journalistic analysis:

"Professional analysis uses the tools of journalism rather than those of scholarship…The professional analysis examines individuals, institutions or issues relevant to the field."

According to the master's program handbook, the finished analytical article would have to be suitable for publication in a professional or trade magazine.

"We wrote it up very carefully, because we didn't want people who were doing a thesis to say, 'I'm doing journalistic analysis'—that would be inappropriate," Thorson says.

Sharing solutions

She says the journalism school carefully instructs both students and faculty about the policy and how to interpret it. While most of what the journalism school produces is considered journalism, Thorson says there still are some activities fall under IRB oversight.

"Let's say you're studying the *St. Louis Post-Dispatch* newsroom for a thesis," she says. "You're interviewing people to determine how they deal with self-esteem issues as the national economy goes down and a lot of people get fired. That's research. You're doing it to build knowledge. Your intention is to publish it in a scholarly journal; your intention is not to publish it in the *St. Louis Post-Dispatch*."

Thorson says this agreement has held up for about five years. She's shared the MU approach with other journalism schools that are having similar conflicts with their IRBs.

"I think it's a good solution," she says. "Doing journalism does involve asking human beings questions, observing them—all kind of things that could be considered research, but it isn't research. It's journalism, and it's protected by the First Amendment." ■

Cross-cultural research raises special challenges

Consents, training interpreters may require IRB flexibility

When a researcher breaches a cultural divide to study a group of people, he or she needs more than a translator to convert documents from one language to another. What's needed, says researcher **Martha Baird,** is an interpreter, a sort of cultural broker who has direct contact with participants and works closely with the researcher.

Baird, PhD, ARNP, has spent the last several years conducting research with women from the Dinka tribe of southern Sudan who have relocated to the United States as the result of a long and bloody civil war. In order to access this community, many of whom speak and read limited English, she relies upon interpreters who accompany her to interviews and help Baird and the refugees understand each another.

In the process, Baird has discovered the difference a flexible IRB can make in helping to facilitate her research. She says some IRBs' expectations about issues such as informed consent and training of interpreters don't conform to the realities of cross-cultural research.

"We make assumptions that everybody wants things in writing, that everyone understands these Western values that we put across," Baird says. "They don't necessarily translate."

Baird dealt with the downside of these assumptions when she did her dissertation work with a group of Dinka women in Kansas City. In the course of that work, she hired a translator to translate documents, including an informed consent, from English to Dinka, and two interpreters to help her communicate with the women.

That experience taught her powerful lessons about the limitations of the standard model of human subjects protections. For example, she spent time and money translating consents and recruitment materials into Dinka, but then discovered that many women who spoke that language couldn't actually read it.

The IRB she was working with at the time required that her interpreters, who were members of the Dinka community, get online human subjects protection training that turned out to be wholly inappropriate for them. For example, one module explained the importance of the

Nuremberg Code in the development of human subjects protections. Baird had difficulty explaining this to her interpreter, who had never heard of World War II.

"The word 'iterative' comes up a lot in qualitative research—meaning that you kind of figure things out as you go," she says. "And that is truly what ended up happening with this."

Collaborating with the IRB

These lessons served her well when Baird went on to do further study with Dinka refugees, this time as an assistant professor at the University of Kansas Medical Center. At that institution, she found an IRB that was willing to work with her to find a more effective way to meet regulatory requirements while still protecting her subjects.

Karen Blackwell, MS, CIP, director of the Human Research Protection Program at the medical center, says the key was using the flexibility in the federal regulations to craft a plan that was appropriate to the research and to the research population.

For Baird's work, Blackwell's office determined that a waiver of documentation of consent was appropriate.

When it came to training Baird's interpreter, Blackwell took a different approach as well. Instead of having her go through another computer course that she might not understand, Blackwell invited Baird and the interpreter to visit her at the campus and discuss issues that Blackwell was concerned about.

• **Community service vs. research:** At the same time Baird was investigating health issues in the Dinka community, she also was assisting them with needs assessment so that they could identify areas they wanted to improve in their community.

In order to ensure that women wouldn't feel obligated to participate in the research portion, Baird would hold a community meeting, then have a break, explaining to the women that they could leave if they wished before the research part started.

"We wanted to make sure the interpreter was aware that there was a part that was for the community and everybody was invited vs. the second half of the day that was specifically for research and that people could leave and not be part of the research if they wanted," Blackwell says.

• **Voluntariness:** Because the pastor of the women's church had endorsed the project, and the interviews were conducted at the church, Blackwell says she wanted to ensure that the women participating were doing so voluntarily.

"I wasn't sure about the cultural context, whether the fact that this was voluntary could be communicated well," she says. "The interpreter understood my concern and put me at ease, saying that with all the things these women have been through, they're not about to do anything they don't want to do."

• **Privacy and confidentiality:** Blackwell says the interpreter needed to understand the importance of keeping the discussions confidential, particularly because they concerned issues such as sexual health and because the interpreter was herself a member of the community.

"We had to say that what is shared in the discussions is not shared with her family members, it's not talked about outside the research setting," Blackwell says. "It's challenging, because she's going to see these people at her church and at the grocery store."

CNE/CME OBJECTIVES

The CNE/CME objectives for IRB Advisor are to help physicians and nurses be able to:

- establish clinical trial programs using accepted ethical principles for human subject protection;
- apply the mandated regulatory safeguards for patient recruitment, follow-up and reporting of findings for human subject research;
- comply with the necessary educational requirements regarding informed consent and human subject research.

Physicians and nurses participate in this medical education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this activity at the end of each semester, you must complete the evaluation form provided and return it in the reply envelope provided to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed to you.

COMING IN FUTURE MONTHS

- Use strategies to minimize risk in pediatric trials
- Lessons learned in obtaining surrogate consent
- QA process looks at IRB review
- Studying IRBs – do we help or hinder research on ourselves?
- Obstacles to review of genetic research

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Community research drives change

Baird says the conversation that Blackwell had with her interpreter made a big impact on her.

"She really felt like she was part of the study —she was a researcher, she was a professional," Baird says.

Blackwell says it's becoming more common for IRBs to allow for individualized human subjects protection training, particularly with the increase in community-based participatory research, involving organizations that may be new to research.

"It's changing the way we look at how we work with our research partners in the community and how we reach out to folks who are participating," she says. ■

CNE QUESTIONS

21. In a model adverse drug event reporting form, which of the following items would not be important to include, according to ADE expert Steven Belknap, MD, an assistant professor at Northwestern University in Chicago, IL?
A. Describe the event's severity according to the CTCAE's grades 1 through 5;
B. Describe the event's seriousness from the choices of death, life-threatening experience, inpatient hospitalization, prolonged hospitalization, significant disability, congenital anomaly, not serious;
C. Describe patient outcome from the choices of resolved, resolved with sequelae, ongoing, automatic display of death if chosen in "seriousness of event" query;
D. All of the above are important to include

22. True or False: President Barack Obama formed the International Research Panel in the wake of revelations last fall about studies from the 1940's involving U.S. researchers deliberately infecting subjects from Guatemalan vulnerable populations with sexually-transmitted diseases?
A. True
B. False

23. IRBs at some institutions have changed their policies to remove or limit IRB oversight of oral history activities.
A. True
B. False

24. At the University of Missouri School of Journalism, which activities require IRB review?
A. A journalism project such as a newspaper story or photo narrative;
B. Journalistic analysis," or work done in support of a journalistic product suitable for publication in a professional or trade magazine;
C. Scholarly research intended for publication in a journal;
D. None of the above.

Answers: 1. D, 2. A, 3. A, 4. C