NIH StrokeNet

PREVENTION | TREATMENT | RECOVERY

Biweekly Update
4-December 2020

StrokeNet Enrollment Update

ARCADIA	546/1100	TRANSPORT2	19/129
ARCADIA-CSI	117/500	I-ACQUIRE	36/240
Sleep SMART	377/3062	MOST	117/1200
SATURN	34/1456	CREST H	167/500
ASPIRE	11/700	CREST 2	1751/2480

*Enrollment as of 4-December 2020

StrokeNet Trial Updates

CREST-H

Site Startup and Enrollment Updates: sites: **56**; enrollments: **167/350**

Enrollment is a challenge with the COVID surge, but continues with a total of 167, **48%** of our target. We are hoping all are CREST-H sites will remain active, and looking forward to the inclusion of **8** additional sites in the onboarding pipeline. CREST-2 has <750 patients left to recruit. We need 183 them for CREST-H. Let's continue the pace to meet our target. Keep an eye out for asymptomatic carotid patients and let's keep the enrollment going!

Remember, CT perfusion imaging is an important alternative to MR perfusion for those patients with claustrophobia or contraindications to MRI such as pacemakers or other non-compatible metal. If your site is not already approved for CTP you need to send a "test scan" (de-identified clinical CT perfusion scan is what most sites have used) to Dr. Liebeskind's lab at UCLA.

Finally, although signed consent for CREST-H must take place after CREST-2 randomization occurs, you can minimize the number of visits for your patients by verbally consenting the patient for CREST-H at the time of the discussion of CREST-2 imaging. Then, schedule the MR or CT scan and have them sign the consent form when they come in for the scan.

Interested in becoming a CREST- site? Contact Randy Marshall rsm2@columbia.edu, Ron Lazar rlazar@uabmc.edu, Jaya Vijayan vijayan.jaya@mayo.edu, or Kevin Slane KJS4@columbia.edu with any questions.

From the CREST-2 Clinical Coordinating Center:

Wei Zhou, MD

CREST-2 PI

Joshua Black

CREST-2 CRC

THE UNIVERSITY OF ARIZONA

1751	920 CEA	831 CAS

Recruitment, Recruitment, Recruitment! We have 21 working days left of 2020 and we want to ensure that CREST-2 enrollment finishes strong! **We need 34 more patients** by the end of 2020 to complete our enrollment goals for the year. 91% of actively enrolling StrokeNet sites are ready to enroll again. December is off to a great start with 2 randomizations, 1 of which from StrokeNet site **University of Arizona**! Please increase screening efforts, talk to your colleagues, and spread CREST-2 awareness wherever you can to get us to 1785 by 12/31/20!

ARCADIA•CSI
Cognition & Silent Infarcts

Thank you to all the sites for your hard work enrolling subjects into ARCADIA-CSI during this difficult time!

Our top 3 enrolling sites are:

9 PATIENTS ENROLLED
UNIVERSITY OF IOWA
ENRIQUE LEIRA & HEENA OLALDE

8 PATIENTS ENROLLED
UNIVERSITY OF CINCINNATI
POOJA KHATRI & JENNIFER POWERS

6 PATIENTS ENROLLED
GREENVILLE HOSPITAL
PAULO ZORTEA & VICTORIA HOLT

Congratulations to the following sites for enrolling their first subject:
University of Nebraska
UPMC Presbyterian

We need your help enrolling patients into the ARCADIA-CSI substudy! We have created form 515 to make screening a breeze. When a patient is randomized in ARCADIA, form 515 is posted in the patient's ARCADIA binder in WebDCU. This form serves as the ARCADIA-CSI screening form and as a reminder to reach out to the patient to ask if (s)he would like to join ARCADIA-CSI.

Please contact Tashia Harris, herndotl@ucmail.uc.edu or Stephanie Kemp, skemp@standford.edu with any questions.

ARCADIA

ARCADIA: Let's Plan Ahead!

The continuing pandemic has taken a toll on everyone in various ways, especially our healthcare workers. It has also created its own research challenges. Despite this, we see the commitment, courage and perseverance of our team members. Thank you all for all your efforts as clinicians and researchers during this incredibly challenging time! One thing we can all do is review our enrollment strategies to see which ones still work and which ones may need to be revised to continue to safely enroll eligible ESUS patients into ARCADIA. Remember to use the recruitment tools like the brochure/video and remember that we can consent, randomize, and follow up participants using remote procedures when in-person processes are not possible or preferred. Letting potential participants know that they can participate from the comfort of their homes may be the difference between consent or refusal. The study blood draw is the only item that requires the subject's physical presence, so let's have a plan in place if the usual process cannot continue due to COVID restrictions. You can work with your clinical/study teams in the hospital to obtain the blood and then make it available to the coordinators to pick up for processing/shipping. At some sites the PIs/subIs have taken over this role. Others have engaged their lab/phlebotomy departments. The strategy may be different at each site but it's important to consider alternatives to facilitate your process before the restrictions are in place.

You have randomized 546 participants, an increase of 6 in two weeks. A special thanks to the six teams that provided the last two weeks' randomizations: Barnes Jewish Hospital, St. Louis, MO; University of Michigan University Hospital, Ann Arbor, MI; St. Mary's Medical Center, Grand Junction, CO; University of Nebraska Medical Center, Omaha, NE; UVA Medical Center, Charlottesville, VA and to Lenox Hill Hospital, New York, NY who had their 1st randomization!

We still have a pool of 30 subjects eligible and pending randomization. We understand that not all can be randomized immediately; however, please continue to conduct randomization visits safely and per protocol.

We are currently at 2059 subjects enrolled/consented, an increase of 20 in the last two weeks, thanks to 19 sites, with Hospital of the University of Pennsylvania, Philadelphia, PA enrolling twice during this period – thank you to all the teams making this possible!

We want to welcome Lahey Hospital & Medical Center team in Burlington, MA to the ARCADIA family as they were just released to enroll.

We currently have 128 active sites that completed their re-start or started new since enrollment was resumed. We also have another group working towards being released to enroll for the 1st time. Let us know if you know of a good site that would like to participate in ARCADIA. We hope to continue to re-start sites as per the ARCADIA re-start plan for the 9 sites still pending re-release to enroll. We understand many of your sites cannot yet re-start, but those that can re-start enrollment, even if only remotely, please reach out to Rebeca (ra2356@cumc.columbia.edu) to review any pending items needed for your re-release. PLEASE do not start enrolling new subjects until your site has been officially re-released to enroll.

We're looking forward to sharing information and hearing from you in our Virtual Investigator Meeting next month!

Thank you for your dedication to Sleep SMART. We truly appreciate all your hard work, especially during this difficult time.

As of December 2, 2020, 1095 subjects have been enrolled and 375 subjects have been randomized.

Congratulations to Viven Lee, MD, Liz Peters and the entire OSU Sleep SMART team for being the first site to randomize a subject in December.

Two key reminders:

1. Please complete all 3-month assessments within window. These can be done by phone, if needed. The 3-month mRS is a primary outcome for Sleep SMART!
2. Please complete a "warm transition" for intervention (CPAP) subjects some time prior to discharge. This contact between intervention subjects and the FusionHealth Care Team helps facilitate CPAP adherence post-discharge.

CONTINUING REVIEW: We received approval on November 25, 2020. Study sites will receive the Continuing Review approval letter addressed to the Prime site with all study sites listed that were approved. The CIRB is in the process of phasing out the date stamps on the Informed Consent Document (ICD). Study sites will also receive a Modification Acknowledgment letter informing of the removal of the study expiration date from the ICD. The study expiration date can now be found on the approval letter. Please reach out to Joelle if you have not received the above mentioned documents by Monday, December 7, 2020.

SITE IMPLEMENTATION FORMS: The site implementation form is a document asking whether or not your site will be implementing remote consent procedures (including eConsent through REDCap). Every site needs to complete and return the form to Kayla or Joelle.

RE-OPENING: If your site is ready to be re-released to enroll please email Kayla or Joelle for further instructions.

Sites not previously released to enroll:

If your site was not previously released to enroll, please continue to work toward site activation:

- CIRB submission
- Finalize the Clinical Trial Agreement and FusionHealth DUA and Consignment agreement
- Upload site and people documents to WebDCU™
- Complete online trainings (https://webdcu.musc.edu/campus/)
- Complete readiness call (must have all contracts completed before this can be done)
- Please review the site to-do checklist found in the WebDCU™ toolbox

ASPIRE

- **ENROLLMENT HAS RESTARTED!**
  - ASPIRE now has **11** randomized subjects!
  - Notify ASPIRE@yale.edu if you consent a patient. Central Pharmacy will ship study drug supplies immediately.
  - Study drug resupply has been sent to 50 of our 81 active sites and will be completed by 12/22/2020.
- For sites still pending activation, please:
  - Upload/waive pending regulatory documents.
  - Enter addresses for study drug and lab kit shipments.
  - If CTA and cIRB approval in place, schedule readiness call.
- The ASPIRE/SATURN Investigator Meeting in New York has been postponed indefinitely. In lieu of the meeting, protocol training is posted on the WebDCU™ Training Campus https://webdcu.musc.edu/campus/
- ASPIRE's next Webinar is December 14, 2020 11:00a-12:00p EDT https://nihstrokenet.adobeconnect.com/trials/ To take part in the conversation dial 1 (877) 621-0220 Pass Code: 745694
  - Topic: Remote Study Procedures Best Practices

I-ACQUIRE

We now have enrolled 36 study participants. Everyone's hard work is greatly appreciated!

- Ann Arbor, MI – **3** participants randomized
- Boston, MA – **12** participants randomized
- Cincinnati, OH – **3** participants randomized
- Columbus, OH – **5** participants randomized
- La Jolla, CA – **5** participants randomized
- New Haven, CT – **3** participants randomized
- Philadelphia, PA – **1** participant randomized
- Roanoke, VA – **4** participants randomized

Save the dates: Upcoming PI/Co-I/Coordinator Webinar: Thursday 17 December (12-1pm ET)

TRANSPORT2

Our next PI and Coordinator call will be on **Monday, 12/14/2020 at 11am ET**. If anyone has topics they would like to discuss during the call, please send them to Kristina Balderson (Kristina.balderson@duke.edu) or Julia Gonzalez, (Julia.jackson@duke.edu).

11 sites have reopened to enrollment! Congratulations to MUSC, Burke, Baystate, Medstar, UAB, USC, Kentucky, Cincinnati, Moss, Emory, and Duke for being re-open to enrollment amidst the COVID-19 restrictions. Cleveland VA is under IRB review and UPMC is finalizing study start-up activities. We are hopeful that our remaining sites will be reopened to enrollment soon! There are 19 subjects randomized in the trial, 15 have completed the study and we have several subjects we are hoping to randomize this month.

For sites that are preparing to re-open to enrollment, please complete the WebDCU™ COVID Impact Assessment Form. By acknowledging that your site is ready to re-open, WebDCU™ will release your site to restart research activities. Once your site is ready to restart, a call will be scheduled with sites that will go over any reminders or tips for your first subject visit.

Thank you for your continued effort and flexibility during this time!

MOST
Multi-Arm Optimization of Stroke Thrombolysis

MOST Enrollment Update:
Total randomizations: **116**
Randomizations between 19Nov2020 and 02Dec2020: **8**
Sites released to enroll with at least one subject consented: **34**
There are now **71** sites that have been released to enroll, **61** of which are actively recruiting!

Congratulations to the following sites that have randomized one or more subjects in the past two weeks! The **North Shore University Hospital** and the **Medical University of South Carolina University Hospital** teams both randomized their **1st subject** in the trial. Thank you for all your hard work on the MOST trial!

- Memorial Hermann Texas Medical Center – Dr. Barreto and Jamey Franklin **(13 total subjects!)**
- UVA Medical Center – Dr. Chapman and Sonya Gunter **(3 total subjects!)**
- Abington Memorial Hospital – Dr. Choe and Ashley DePalmo **(3 total subjects!)**
- OSU Wexner Medical Center – Dr. Gulati and Luke Herren **(2 total subjects!)**
- North Shore University Hospital – Dr. Arora and Sajana Sivagnanam **(1st subject!)**
- Medical University of South Carolina University Hospital – Dr. Banerjee and Vicki Streets **(1st subject!)**

The November **MOST Trial Investigator Call** took place on 23Nov2020. Thank you to everyone that was able to attend. A recording of the webinar, which included MOST Updates, Topics from the DSMB Meeting, Consent Experience Survey Best Practices, PTT Logistics and Data Management Updates, can be found at http://nihstrokenet.org/most/webinars.

DSMB Feedback:

- More sites must enroll in order to reach the target of 1,200 subjects
  - Only 34 out of 71 sites that have been activated have randomized a subject
- Need increased compliance with study drug administration within 75 minutes of tPA
  - Ideally randomization should occur within 30 minutes of tPA administration
  - Coordination with the pharmacy is critical to ensure timely drug delivery
- Need increased compliance with blinded mRS assessments at 30 and 90-days

The **PI Hotline** is available 24/7 for any questions: **1-833-229-MOST**.

FASTEST is excited to continue study start-up! We would like to thank you for your continued efforts and hard work getting FASTEST ready to launch.

Our next webinar will be **Wednesday, December 16th at 2:00 pm ET**. Prior presentations and slides are available on the StrokeNet website, https://www.nihstrokenet.org/fastest/webinars.

The ABC/2 and IVH Score Imaging Training is available, http://fasteststudy.com.

Approved EFIC community-facing template materials, English and Spanish, are available on WebDCU™, in the Toolbox under Project Documents. The Spanish version of the central REDCap survey is also available now.

A few helpful reminders:

- Reach out to the NCC if you have not submitted an EFIC plan for review. We would like to hear from sites, even if your site is still developing a plan.
- When you are ready to initiate your EFIC plan, update your DOA log with your EFIC team.
- Reach out if you plan to use the central REDCap survey and need access.
- Update the EFIC forms in WebDCU™ as you complete EFIC activities.

Congratulations, we now have **17** sites that have submitted EFIC plans to Advarra and are taking next steps to implement them! Since the last update -- **Cedars-Sinai Medical Center, Medical University of South Carolina University Hospital**!

Upcoming Advarra EFIC Panel meeting dates -- December 21st, January 11th and 25th, February 8th and 22nd, March 8th and 22nd

Please contact Pooja Khanolkar (Prime Project Manager), khanolpa@ucmail.uc.edu or Julie Denlinger (NCC Project Manager), denlinjk@ucmail.uc.edu with any questions.

SATURN currently has 88 sites open for enrollment and has randomized 34 patients! We want to thank everyone for their efforts to screen recruit and randomize! We ask that sites continue to screen every ICH daily!

SATURN is actively looking to add sites; please reach out for further details.

Just a reminder, SATURN has received approval for central REDCap eConsent and Remote Implementation and eConsent Forms were distributed to all US Sites for completion. Please return these forms as soon as possible.

SATURN is working to create a trial video for potential patients and their families. The video will be available as a YouTube link that the trial team can send to the patients and caregivers for viewing.

If you have any questions regarding SATURN and reopening enrollment at your site please contact:

- Kimberlee Bernstein NCC Project Manager gammk@ucmail.uc.edu
- Sarah Marchina Prime Project Manager (BIDMC) smarchin@bidmc.harvard.edu

IMPORTANT STAURN CONTACTS:

- **Questions regarding eligibility or protocol implementation**
  - Email: SATURN@bidmc.harvard.edu
- **SATURN Clinical Hotline**
  - Call 617-667-7000 and ask to page beeper #39636.

***Please tell the operator that you are calling about the SATURN trial.

NIH/NINDS News

New Human Research Protection Training Available

Reminder: Investigators and all key personnel involved in human subjects research are required to receive education in the protection of human subjects (see NOT-OD-00-039). One way to satisfy this requirement is by completing the newly launched Human Research Protection Training offered by the HHS Office for Human Research Protections (OHRP).

The training targets the broad research community including IRBs, investigators and key personnel, and anyone interested in the Common Rule**.** Access is free and viewers can print a completion certificate upon completing each of the 4 lessons**.**

Check out the training on OHRP website: **www.hhs.gov/ohrp/education-and-outreach/online-education/human-research-protection-training/index.html**

New eRA Commons Screens

The newly redesigned eRA Commons log-in screen and landing screen, providing a cleaner, modern interface that reflects user feedback, will be released in January 2021. The new design will also provide enhanced security and stability for the Commons module.

The login screen has been simplified by removing much of the non-essential text in the original design. Key resources for institutions new to eRA Commons are now central on the screen. For example, eRA Service Desk contact info, links to register an organization, how to create an account, and how to submit a reference letter are easily located on the screen. Visit https://nexus.od.nih.gov/all/2020/12/02/check-out-the-new-era-commons/

New FAQs on Policy for Charging PPE to NIH Grants & Cooperative Agreements (NOT-OD-20-164)

FAQs are now available to clarify our recent guidance on the ability to direct charge personal protective equipment (PPE) costs to clinical trials and clinical research awards (NOT-OD-20-164). Please visit https://grants.nih.gov/faqs#/personal-protective-equipment.htm?anchor=header11768

Extended Guidance for Applicants Preparing Applications During the COVID-19 Pandemic

NIH grant applications should NOT include contingency plans that would outline steps needed to recover from temporary, emergency situations, or institutional return-to-the-workplace plans, resulting from the COVID-19 pandemic.

Contingency plans will not be considered in peer review but, if needed, COVID-19 contingency plans will be requested and carefully considered by NIH staff before funding.

Reviewers will continue to receive instruction to assume that temporary, emergency problems arising from the COVID-19 pandemic will be resolved and complications related to COVID-19 should not affect their scores. Reviewers will be instructed to disregard situations due to the COVID-19 pandemic, e.g., temporary declines in productivity, availability of key personnel, proposed patient populations, animal facility shutdowns, etc.

This guidance has been extended until further notice, as announced in NOT-OD-21-026.

NIH StrokeNet RCC Manager Reminder

All NIH StrokeNet Trial Sites are required to collect a StrokeNet fCOI form initially for all study team members and any new investigators. Sites are to file the initial fCOI forms for all study team members in their site files to be made available for monitors/auditors when requested for the length of the trial. Please refer to your local policy/requirement for annual renewal of the fCOI form. During the Annual Continuing Review, sites will be asked to verify that there has not been changes to any study team member's fCOI that is submitted to the cIRB. Sites should always disclose any positive COI as soon as it is presented so the information can be submitted to the cIRB. Disclosures will be stored in WebDCU™ along with the PI fCOI form in the [Site Documents] section.

NIH StrokeNet Coordinator Webinar

Coordinator Webinars are a requirement for the NIH StrokeNet RCC Coordinators/Managers however, all are welcome to attend
Wednesday, January 27, 2021
1:30 pm ET

Steering Committee Call

Steering Committee Calls are a requirement for all NIH StrokeNet RCCs; Please invite satellite sites to attend

The next Steering Committee call is scheduled for **Wednesday, 9-December, 2020, at 11:00 am ET.**

Please visit https://www.nihstrokenet.org/intranet/minutes/trial-proposal-presentations in regard to the REMAKE proposal presentation on 18-November.

Grand Rounds

Grand Rounds are a requirement for the NIH StrokeNet Trainees, however all are welcome to participate.
Thursday, January 28, 2021
4:00 pm ET

Topic: Stroke Transitional Care and How it Fits into The Continuum of All Stroke Trials, Both Acute, Prevention and Rehab/Recovery

Presenter: **Cheryl Bushnell, MD,** Wake Forest University

Moderator: Shyam Prabhakaran, MD

To join the meeting: *https://nihstrokenet.adobeconnect.com/grandrounds/*. Please enter as a guest, then your email address or your first and last name.

To take part in the conversation you MUST dial-in. (877) 621-0220 Passcode: 190825

Professional Development Webinar

Professional Development Webinars are a requirement for the NIH StrokeNet Trainees
Tuesday, December 8, 2020
4:00 pm ET

Presentation: The Basic Science Underpinnings of Clinical Pediatric Stroke

Presenter: **Heather Fullerton, MD,** University of California San Francisco

Moderator: TBA

To join the meeting, please go to this URL: **https://nihstrokenet.adobeconnect.com/pdw/** Please enter as a guest, then your email address or complete name.

To take part in the conversation you MUST dial in. 1 (877) 621-0220, Pass code Number: 190825

NIH StrokeNet Employment Opportunities

Clinical Research Coordinator, Neuro Critical Care Research
Yale University

StrokeNET Program Manager

Reporting to the Principal Investigator of StrokeNET and the Clinical Research Manager-Neurocritical Care and Neurovascular, the StrokeNET Program Manager oversees research participant activities for a variety of StrokeNET studies at Yale. StrokeNet is a NIH funded stroke trials network in which Yale is a collaborative site with Brown University and Hartford Hospital to create SPIRIT (Southern New England Partnership In Stroke Research, Innovation and Treatment) https://nihstrokenet.org/. SPIRIT is one of only 25 nationally funded regional coordinating centers within StrokeNet in the country. StrokeNet was developed to promote and conduct high-quality, multi-site clinical trials focused on key interventions in stroke prevention, treatment and recovery. It is designed to serve as an infrastructure and pipeline for exciting new potential treatments for patients with stroke and those at risk for stroke.

As the StrokeNET Program Manager the primary duties of this position include: study start up, oversight of recruitment and trial activities, collaborating with other satellite and clinical performing sites, planning meetings, scheduling calls and setting agendas for network related events, quarterly matrix and reporting, serve as liaison between StrokeNet program/Yale site/Affiliated Programs, quality control review of study activity, SOP development and implementation, and regulatory updates for all StrokeNET studies at Yale site. May include direct patient activities for certain studies as determined by staffing needs.

Essential Duties

1. Compares protocols and sponsored projects to confirm consistency between funding proposals/awards and approved protocols. 2. Documents established congruency between funding proposals and approved protocols. 3. Facilitates and/or assists with resolution of any inconsistencies between funding proposals and approved protocols. 4. Serves as a liaison between the Grants and Contracts offices, investigators, and business managers to resolve congruency issues in a timely manner. 5. Attends meetings and presents issues when necessary that were identified during congruency review. 6. Serves as a resource and provides technical assistance to investigators and their staff. 7. Provides analytical and technical support related to establishing and recording protocol/grant congruency, as needed. 8. Monitors federal and state regulations for new guidance, updates, or policies. Maintains a high degree of knowledge on these requirements to determine actions and follow directives that may be required to ensure University compliance with congruency review and reporting requirements. 9. Develops, implements, and manages internal practices that ensure compliance with federal requirements. 10. May perform other duties as assigned.

Required Education and Experience

Bachelor's degree in a relevant academic/scientific field and a minimum of 3 years of related research support experience; or the equivalent combination of education or experience.

Required Skill/Ability 1: Strong clinical and research skills, including a thorough knowledge of medical and research terminology, along with an ability to train and provide guidance to research assistants on clinical trials.

Required Skill/Ability 2: Flexibility and capability to work as a team player. Excellent interpersonal and communication skills, including ability to effectively present and work with a wide variety of stakeholders.

Required Skill/Ability 3: Proven problem-solving skills including an ability to independently prioritize tasks with competing deadlines and priorities.

Required Skill/Ability 4: Demonstrated skilled knowledge of Good Clinical Practice along with University clinical research guidelines. Proven ability interpreting federal, state, University and sponsor policies and regulations. Demonstrated ability with interpreting clinical trial protocols and federal, state, local guidelines.

Required Skill/Ability 5: Exemplary time and attendance, including being able to be flexible in schedule to attend to project needs and subject recruitment including a rotation for 24x7 on call schedule for the Stroke/Neuro Critical Care Research Units.

Preferred Education, Experience and Skills:

Master's degree in health or research related discipline and two years of related work experience in a similar job family.

Preferred Skill 1: Familiarity with neurological clinical research strongly preferred, especially with a focus on inpatient research and/or stroke.

Preferred Skill 2: Experience in EPIC and OnCore systems and IRB submissions.

Preferred Licenses or Certifications:
Certified Clinical Research Professional (CCRP) or equivalent.

Weekend Hours Required? Occasional
Evening Hours Required? Occasional

Contact:

Sara Jasak, BSN, CCRP
Yale University-Department of Neurology
Stroke and Neurology Critical Care
Clinical Research Nurse Manager

(offsite)
sara.jasak@yale.edu
(413)896-3429- cell

MetroHealth Rehabilitation Institute and Case Western Reserve University
Research Associate

We are seeking a research associate candidate to assist with ongoing non-invasive brain stimulation and neuroimaging studies for participants with chronic stroke and spinal cord injury in the department of physical medicine and rehabilitation at MetroHealth Rehabilitation Institute and Case Western Reserve University.

A minimum of a Bachelor's degree with three years of research experience in a laboratory setting is required. This is a full-time position.

For more information please reach out to David Cunningham:

David Cunningham, PhD
Assistant Professor
Department of Physical Medicine and Rehabilitation
Case Western Reserve University School of Medicine
MetroHealth Rehabilitation Institute
Cleveland Functional Electrical Stimulation Center
Email: Dxc536@case.edu
Lab Website: https://dxc536.wixsite.com/cunninghamlab

See below for a full list of responsibilities and requirements:

Summary:

Performs the most complex quantitative analytical procedures of research projects. Provides input and recommendation to the Principal Investigator regarding significant development and procedures. Works closely with the Principal Investigator; carries out complex research assignments of a non-routine nature. Upholds the mission, vision, values, and customer service standards of The MetroHealth System.

Responsibilities:

1. Plans and carries out projects in accordance with general project plans.
2. Conducts analysis of samples. Utilizes new and innovative research techniques involving a high degree of skill and training.
3. Collects and analyzes data.
4. Records and maintains results for a particular experiment or closely related series of experiments.
5. Evaluates adequacy of techniques. Studies and tests new procedures and analyzes outcome of

tests.
6. Coordinates lab activities of entry level Researchers; supervises experiments, protocols and reports.
7. Supervises work activities by interviewing and recommending hires, preparing and conducting performance appraisals, and providing training and orientation for new staff.
8. Displays sensitivity to and understanding of various cultural, ethnic, racial, and socioeconomic backgrounds.
9. Performs other job-related duties as assigned.

Qualifications:

Other information:

Required:

Bachelor's Degree in Biology, Chemistry, or related science (i.e. Neurosciences, Biomedical Engineering, Kinesiology, Computer Science) or any equivalent combination of education, training, and experience in addition to the experience stated below.
Three years experience performing research work in a laboratory setting.
Ability to interact effectively with a wide range of cultural, ethnic, racial, and socioeconomic backgrounds.

Preferred:

Five years' experience performing research work in a laboratory setting.
Contingent on assigned department, experience in one or more of the following: Java, Pearl, C++, and MATLAB.

Physical Demands:

May sit, stand, stoop, bend, and ambulate intermittently during the day.
May need to sit or stand for extended periods.
See in the normal visual range with or without correction.
Hear in the normal audio range with or without correction.
Finger dexterity to operate office equipment required.
May need to lift to twenty-five (25) pounds on occasion.
Ability to communicate in face-to-face, phone, email, and other communications.
Ability to see computer monitor and departmental documents

Please share your satellites and study teams!

Contact: Jamey Frasure, PhD, RN, Administrative Director · frasurjs@ucmail.uc.edu https://www.nihstrokenet.org