Physician on Call

By Don Luckett

Kevin Olden, M.D., who is now Professor of Medicine and Psychiatry at the University of South Alabama School of Medicine.

Flying home to Arizona after two days reviewing NIH grant applications, Dr. Kevin Olden thought his job was done. He relaxed in his seat, soothed by the plane's muffled roar high over the heartland. It was a rare moment, since being a gastroenterologist, teacher, and researcher at the Mayo Clinic in Scottsdale left him little free time, and reviewing grant applications for NIH had placed further demands on his free time.

About an hour into his flight, a man across the aisle suddenly had an apparent grand mal seizure as he and his pregnant wife looked at a birthing book, which contained graphic photos of babies being born. Olden went to the man's aid, assessing his condition and giving him oxygen as he regained consciousness. Since the man's condition was unstable, Olden advised the pilot to land the plane so the man could be taken to a hospital.

Olden later learned that nothing remarkable was found at the hospital. "It was just a fainting episode" he says. "It's possible a sudden drop in blood pressure from fainting deprived his brain of oxygen and precipitated a seizure."

The ordeal added four hours to the trip back to Arizona, but Olden took it all in stride. "This happens to physicians all the time," he says.

Olden has been a reviewer at the Center for Scientific Review (CSR) for the past five years, serving now on the new Behavioral Medicine Interventions and Outcomes Study Section. He recently agreed to help CSR launch this new series of Reviewer Stories, volunteering for a 6:00 a.m. interview on August 3, 2004.

Interview with Kevin Olden

What were your biggest surprises in becoming a reviewer?

The first time I was terrified that I was going to be immersed into an esoteric/mysterious process and my reviews were going to sound laughable compared to the folks already on the study section. Fortunately, that was not the case. The major problems in an application usually are universally . . . and independently noticed. It is rare for reviewers to be in completely different parts of the ballpark. When that happens . . . those giving it a poor score may have missed the relevance or those giving it a good score may have missed a methodological error. And that's when the peer review process really works, because the entire group will then participate in the discussion to fathom it out.

What kind of advice would you give a new reviewer?

First, take the big view. Look at the grant application from a distance, and see how it fits in the landscape of biomedical science and whether it has relevance. In second and third readings, look at the methodological issues in detail.

Be positive and encouraging in the comments to a grant application that needs work, and if the application is hopelessly flawed, encourage the investigator to look at a radically different project.

What are the qualities of a good application?

One is relevance . . . an application that has the potential for improving care or our understanding of an illness, and I think innovation is critically important. An application also has to have really solid methodology chosen carefully to test the hypothesis, as opposed to what I see sometimes—someone very enamored with a certain methodology who puts it into an application even though it may not be the best approach to the question being asked.

What kind of advice would you give to an applicant who doesn't get a fundable score?

Many times people will propose a project which I know from my life in the clinic is not going to be feasible. Either the patients are not going to be available like the investigators suppose, or the nature of the illness is such that it's going to be impossible to test the variables that the investigators would like to test. They need to pay very close attention to the review comments on these regards and incorporate them . . . then hopefully wind up with a much stronger application. Applicants ought to remember that they get three shots at peer review. So it really isn't so much a process of accepting or rejecting an application. Many times it is a process that arrives at an increasingly better grant application.

Do you have any advice for investigators on how to interpret the critiques they receive?

I think it would be foolish to have questions about the critiques and not call the NIH program officer. That includes asking the program officer what the group's opinion was . . . did it see the application as hopelessly flawed or salvageable.

Dr. Olden's Research Focus

Olden's research focuses on the psychosocial aspects of functional gastrointestinal disorders. A sampling of research in this area can be found in his recent literature review: Olden KW: The psychological aspects of noncardiac chest pain. Gastroenterology Clinics of North America. 2004 Mar;33(1):61-67.

Do you have any advice for clinical researchers struggling to get a grant?

Applications submitted by the physicians often have issues with methodology. This is a vast generalization, but I think that it is a fairly common problem. One solution is collaboration. Many times, these applications don't have adequate statistical analysis or pay proper attention to

the theoretical constructs. Input from a Ph.D. researcher would be valuable. I also see a lot of Ph.D. researchers proposing clinical research—behavioral interventions—that don't have sufficient input from a physician. They are either not going to get access to patients or they are not going to get access to the right patients, or they are not going to get proper medical screening if that's relevant. So my advice to both groups in that community is to work together.

If CSR calls you next week to serve on a study section, would you do it again?

Absolutely, I consider it a privilege, a joy and a very important part of my career. I learn so much interacting with the talented people on my study section. I certainly would recommend it to any clinician who has an investigatory bent, because it's a great ongoing research tutorial.