Tools for Researchers

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Tools for Researchers

Information Resources Available at University of Miami

Carmen Bou-Crick, M.S.L.S., AHIP
Librarian Assistant Professor &
Head, Reference & Education

and

Zsuzsanna Nemeth, M.S.L.S.
Librarian Assistant Professor &
Reference & Research Liaison

2015
Class Objectives:

Upon completion of this lecture, you will be able to:

- Review Calder Library Website & Resource Guide for Researchers
- Use online databases for your research (NIH Reporter, ClinicalTrials.gov, PubMed, Embase, Scopus).
- Find who has cited you and your publishing productivity (h-Index) in Scopus.
- Organize your citations and create bibliographies with RefWorks, EndNote, or Mendeley.
- Identify journals in which to publish using Journal Citation Reports and NIH Public Access website.
To Register for classes:

http://calder.med.miami.edu/
To access Resource Guide for Researchers
# Calder Medical Library Resource Guide for Researchers

Welcome to Calder Medical Library Resource Guide for Researchers. This guide will provide essential information for your research endeavors.

You can navigate this guide by using the links on the Table of Contents box or the Tabs on top of the Resource Guide for Researchers to go directly to the section that you want. We have provided other recommended Research Guides for your information (see box below).

## Other Relevant Guides for Researchers

- **Public Health**

- **Scopus**
  - Scopus is the largest abstract and citation database containing peer-reviewed research literature and quality web sources. With nearly 20,500 titles from more than 5,000 international publishers, Scopus offers researchers a quick, easy, and comprehensive resource to support their research needs in the scientific, technical, medical, and social sciences fields and, more recently, in the arts and humanities.

- **Texts & Measurements**
  - Resources and information on finding testing, assessment, measurement materials. Research Guide published by the University of Miami.

- **SEEDS (Scientists & Engineers Supporting Diversity Success) Bibliography**
  - This guide presents selected University of Miami Libraries resources supporting the SEEDS program. LibGuide published by the University of Miami.
Online Databases

- NIH RePORTER
- Clinical Trials.gov
- PubMed/MEDLINE/MyNCBI
- Embase
- Scopus
NIH RePORTER SAMPLE QUERY:
Organization: UM (Lookup)
Text Search: pediatric [AND] HIV Infections
**Project Information**

**SUM1A069477-09**

**Title:** MIAMI TREATMENT AND PREVENTION CLINICAL TRIALS UNIT (CTU)

**Contact PI / Project Leader:** FISCHER, MARGARET A

**Awarding Organization:** UNIVERSITY OF MIAMI SCHOOL OF MEDICINE

### Abstract Text:

DESCRIPTION (provided by the applicant): The Miami CTU plans to continue to make substantial contributions to the treatment and prevention of HIV/AIDS. The CTU is structured to participate in four NIAID HIV/AIDS Clinical Research Networks to deliver high impact ground-breaking research, as well as to respond to the rapidly emerging needs of the networks. To accomplish these goals, the Miami CTU intends to build upon 25 years of major contributions to the treatment and prevention of HIV infection through continuous NIAID HIV/AIDS funding. With one of the highest incidences of HIV/AIDS in the U.S., in the Miami metropolitan area, more than 25 years of experience in the design and implementation of clinical trials places the Miami CTU in a unique position to recruit and retain diverse patient populations that are severely impacted by the epidemic. Moreover, the breadth and depth of scientific expertise allow the Miami CTU to contribute to the scientific agenda of the NIAID HIV/AIDS clinical trials networks to address the national priorities for HIV/AIDS research and the needs of the Miami metropolitan affected population. To meet these goals, we intend to establish a Miami HIV/AIDS Clinical Trials Unit (CTU) under multiple PI direction through the integration of the Miami AACTG and IMPAACT groups and the Integrated HIV prevention strategies. Vaccines to prevent HIV infections clinical research network. The Miami CTU also integrates three clinical research sites (CRs) into the CTU to effectively meet the needs of the diverse patient populations and of the clinical research networks. The CTU and associated CRs are structured to foster synergy and promote economy of scale, resulting in tangible added-value to the research agenda of the NIAID clinical trials network.

**Public Health Relevance Statement:**

RELEVANCE: The mission and overall goal of the Miami CTU aligns with the Networks to reduce the burden of disease and infection and to develop transformative, hypothesis-driven clinical studies that test innovative approaches for the treatment and prevention of HIV infection.

**Project Terms:**

Acquired Immunodeficiency Syndrome; Address; Adult; Affect; AIDS clinical trial group; AIDS prevention; AIDS/HIV problem; Area; burden of illness; Caring; Certification; Childhood; Clinical Research; Clinical Research Associate; clinical research site; Clinical Trials; Clinical Trials Network; Clinical Trials Unit; Communication; Communities; Comorbidity; Data, data management; design; Doctor of Medicine; Epidemic; Equipment and supply inventories; Evaluation; experience; Feedback; Fostering; Funding; Goals; Good Clinical Practice; Hepatitis; hiv; HIV infections; Incidence; Infection; innovation; International Maternal pediatric Adolescent AIDS Clinical Trials Group; Laboratories; Leadership; Life; Longevity; meetings; metropolitan; Mission; National Institutes of Allergy and Infectious Diseases; patient population; Pharmacists; Pharmacy facility; Policies; Population; Populations at Risk; Positioning Attribute; prevent; Prevention; Prevention approach; prevention clinical trial; Prevention strategy; Procedures; Protocols; documentation; Qualifying; quality assurance; Quality Control; Records; Recruitment; Activity; Reporting; Research; Research Infrastructure; Research Personnel; Resources; Sampling; Specific qualifier value; Specimen Handling; Structure; Testing; Therapeutic; Tuberculosis; United States; Universities; Vaccines; Woman
You may also “Browse NIH” by Center or Institute
Use “Matchmaker” to enter a topic and search for matching terms and concepts.
Matchmaker Results

100 projects similar to concepts from the entered text (100 maximum)

Click on chart labels to filter search results by the Institute/Center or Activity Code or Study Section

Click on the column header to sort the results

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Sorted by FY
Online Databases

• NIH RePORTER
• Clinical Trials.gov
• PubMed/MEDLINE/MyNCBI
• Embase
• Scopus
ClinicalTrials.gov currently lists 164,703 studies with locations in all 50 states and in 185 countries.

Search for Studies
Example: “Heart attack” AND “Los Angeles”

diabetes AND Miami

Advanced Search | See Studies by Topic
See Studies on a Map

Search Help
- How to search
- How to find results of studies
- How to read a study record
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|      |                              | Conditions: Diabetes; Heart Disease; Hypertension                     |
|      |                              | Intervention: Behavioral: CARÍÑO Project                              |
| 2    | Recruiting                  | **Type 1 Diabetes Recurrence in Pancreas Transplants**               |
|      |                              | Condition: Diabetes Mellitus, Type 1                                 |
|      |                              | Intervention:                                                       |
| 3    | Active, not recruiting      | **Islet Cell Transplantation Alone in Patients With Type 1 Diabetes Mellitus: Steroid-Free Immunosuppression**  
|      |                              | Condition: Diabetes Mellitus, Type 1                                 |
|      |                              | Intervention: Drug: islets                                           |
| 4    | Terminated                  | **Study of the Use of Niaspan for Treatment of Dyslipidemia in Diabetic Nephropathy**  
|      |                              | Conditions: Diabetes Mellitus, Type 2; Kidney Failure, Chronic; Hyperlipidemia |
Study Results are posted (if there are results available)
Other ways of finding studies

- See Studies by Topic
- See Studies on a Map

Search Help
- How to search
- How to find results of studies
- How to read a study record
Online Databases

- NIH RePORTER
- Clinical Trials.gov
- PubMed/MEDLINE/MyNCBI
- Embase
- Scopus

Textbox to Enter terms

Sign in

Tutorials

Clinical Queries
A quick look at Clinical Queries

Categories:
* Etiology
* Diagnosis
* Therapy
* Prognosis
* Clinical Prediction Guides

Medical Genetics
Systematic Reviews

Medical Genetics

The Calder Medical Library
# FILTERS APPLIED TO CLINICAL QUERIES

## Clinical Queries using Research Methodology Filters

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The Clinical Queries search filters are based on the work of Haynes RB et al.
PICO SEARCH
(Turning Research into Practice/TRIP dBase)

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Trip

Search

Language options

PICO Search
PICO is a novel approach of allowing users to conduct a focused search based on a structured clinical question. Learn more at http://bit.ly/picosearch.

There are 4 elements and not all are compulsory, but the more you use the more focused the results. We use a contingency search to reduce information overload. Click here for further details.

Population:
Type of patient eg. diabetics

Comparison:
Comparing your intervention with another treatment or test?

Intervention:
Any intervention eg. treatment, diagnostic test

Outcome:
Outcome interest eg. reduced mortality, fewer exacerbations

Search

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Treatment for women with postpartum iron deficiency anaemia
Veronika Markova, Astrid Norgaard, Karsten Juhl Jørgensen, Jens Langhoff-Roos
13 August 2015

Pharmaceutical policies: effects of financial incentives for prescribers
Arash Rashidian, Amir-Houshang Omidvari, Yasaman Vali, Helder Sturm, Andrew D Oxman
4 August 2015

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New Users: Click “Register for an NCBI account”

Researchers can sign in at the NIH Login w/eRA Commons info

Sign in if already registered
Enter your query terms and click "Search"

SIMPLE KEYWORD SEARCH

Shows you are signed in
Simple Keyword Search

- HIV malaria Africa

PubMed interprets this as:
- HIV AND malaria AND Africa

OTHER related searches could be:
- (HIV Infections) AND malaria AND Africa
Use of insecticide treated net and malaria preventive education: effect on malaria parasitemia among people living with AIDS in Nigeria, a cross-sectional study.

Olowookere SA, Adeleke NA, Abioye-Kuteyi FA, Mbakwe IS.

Abstract

BACKGROUND: Malaria and HIV are major causes of morbidity and mortality in sub-Saharan Africa with both diseases highly endemic in Nigeria. This study was conducted to assess the effect of long lasting insecticide treated net (ITN) use and malaria preventive education on burden of malaria parasite among people living with AIDS (PLWHA) at Osogbo southwestern Nigeria METHOD: A descriptive cross-sectional study of newly recruited consenting PLWHA that were screened consecutively for malaria, those positive were treated with artemisinin combination therapy. All PLWHA were educated about malaria infection, given ITN and followed up monthly for three months when they were rescreened for malaria infection. Data collected was analyzed using descriptive and inferential statistics. Result: A total of 392 (62%) PLWHA completed the study. Mean age of the respondents was 33 +/- 11.6 years. They were 120 (31%) males and 272 (69%) females. Majority (60%) were married, over 33% completed secondary education while 21% had tertiary education. Most were traders (40%) and artisans (25%). About 60% had Plasmodium falciparum malaria parasitemia at baseline which drastically reduced to 5% at three months with ITN use and malaria prevention education.

CONCLUSION: Malaria is a major preventable condition among PLWHA. Preventive education and ITN use reduced malaria parasite burden among this population.
Use of insecticide treated net and malaria preventive education: effect on malaria parasitemia among people living with AIDS in Nigeria, a cross-sectional study

Samuel Anu Olowookere, Najemdeen Aso Adeleke, Emmanuel Akintunde Abioye-Kuteyi and Ijeoma Soromotchi Mbakwe

Abstract

Background

Malana and HIV are major causes of morbidity and mortality in sub-Saharan Africa with both diseases highly endemic in Nigeria. This study was conducted to assess the effect of long lasting insecticide treated net (ITN) use and malaria preventive education on burden of malaria parasite among people living with AIDS (PLHWA) at Osogbo southwestern Nigeria.

Method

The electronic version of this article is the complete one and can be found online at: http://www.asiapacificjournal.com/content/12/2/2

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Published: 22 June 2013
© 2013 Olowookere et al.; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
Indirect causes of severe adverse maternal outcomes: a secondary analysis of the WHO Multicountry Survey on Maternal and Newborn Health.


Abstract

OBJECTIVE: To assess the proportion of severe maternal outcomes resulting from indirect causes, and to determine pregnancy outcomes of women with indirect causes.


SETTING: A total of 359 health facilities in 29 countries in Africa, Asia, Latin America, and the Middle East.

SAMPLE: A total of 314,623 pregnant women admitted to the participating facilities.

METHODS: We identified the percentage of women with severe maternal outcomes arising from indirect causes. We evaluated the risk of severe maternal and perinatal outcomes in women with, versus without, underlying indirect causes, using adjusted odds ratios and 95% confidence intervals, by a multilevel, multivariate logistic regression model, accounting for clustering effects within countries and health facilities.

MAIN OUTCOME MEASURES: Severe maternal outcomes and preterm birth, fetal mortality, early neonatal mortality, perinatal mortality, low birthweight, and neonatal intensive care unit admission.

RESULTS: Amongst 314,623 included women, 2822 were reported to suffer from severe maternal outcomes, of which 20.3% (569/2822, 95% CI 20.1-21.6%) were associated with indirect causes. The most common indirect cause was anemia (50%). Women with underlying indirect causes showed significantly higher risk of obstetric complications (adjusted odds ratio, aOR: 7.0; 95% CI 6.0-7.4), severe maternal outcomes (aOR 27.9; 95% CI 24.7-31.6), and perinatal mortality (aOR 3.8; 95% CI 3.5-4.1).

CONCLUSIONS: Indirect causes were responsible for about one-fifth of severe maternal outcomes. Women with underlying indirect causes had significantly increased risks of severe maternal and perinatal outcomes.

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KEYWORDS: Indirect causes; maternal mortality; maternal near miss; perinatal outcomes; severe maternal outcomes.
Indirect causes of severe adverse maternal outcomes: a case of the WHO Multicountry Survey on Maternal and Newborn Health.


Author information

Abstract

OBJECTIVE: To assess the proportion of severe maternal outcomes resulting from indirect causes, and to determine pregnancy outcomes of women with indirect causes.


SETTING: A total of 359 health facilities in 29 countries in Africa, Asia, Latin America, and the Middle East.

HIV-malaria co-infection is on the rise, and the prevalence of HIV is high in sub-Saharan Africa. Drug Interactions in the treatment and chemoprophylaxis of malaria [Curr Drug Metab. 2011]

TO SAVE A SEARCH AND CREATE ALERTS
Indicate how often you want to receive the updates and how many.

Click Save when done.
### Saved Searches

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### My Bibliography

- Contains **4 items**
- Bibliography is private.
- **Most recent citations:**

Other options in MyNCBI

My Bibliography

Your bibliography contains no items.

Use the "Send to > My Bibliography" menu in PubMed to add citations, OR

Click here to manually create citations.

NOTE: Enter your publications in this section
The system “remembers” your searches

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**Manage Filters**

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**Your PubMed filter list**

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**Browse/Search for PubMed Filters**

Select category:
- Popular
- LinkOut
- Properties
- Links

Search with terms (optional):

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Manage Filters: LinkOut to access our journal subscriptions/full-text
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1. From scratch
2. From an external source
3. From an existing biosketch

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Create  Cancel
BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Bou-Crick, Carmen

eRA COMMONS USER NAME (agency login):

POSITION TITLE: Librarian Assistant Professor & Head, Reference and Education

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

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A. Personal Statement


B. Positions and Honors

Positions and Employment

1981 - 1992  Coordinating Assistant, Cross-Cultural Training Institute, Department of Psychiatry, University of Miami Miller School of Medicine, Miami, FL
1992 - 1999  Research Assistant to Staff Associate, Office of Transcultural Education & Research, Department of Psychiatry, University of Miami Miller School of Medicine, Miami, FL
1989 - 2004  Coordinator for Library Services & Head, Pomerance Library, Department of Psychiatry & Behavioral Sciences, University of Miami Miller School of Medicine, Miami, FL
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• For a simple keyword search: Enter your terms in the text box

Sample search: For **adult male and female asthma patients**, what are the **cardiac adverse effects** of **beta agonists**?
Keyword search: asthma AND cardiac adverse effects AND beta agonists (38 results)
Using controlled vocabulary: Emtree

1. Click on Browse and select “Search Emtree”
Enter term (beta agonists) and browse. Select term.
Click on Take this query to Drug Search
Under Drug Subheadings, select Adverse Drug Reaction then click Search.
This is a search for “beta adrenergic receptor...”
Now search for cardiac disease; first go to Emtree
Click on “Take this query...”
From Disease Subheadings, select side effect and Search.
Follow the same steps to search for Asthma in Emtree:

1. Select Disease Search.
2. Enter "asthma/exp" in the search bar.
3. Check the "Drug therapy" box under Disease subheadings.
Combine searches using And
Managing Results: View, Print, Export, Email, Add to Clipboard
Review

Different approaches in the treatment of obstructive pulmonary diseases

Eva Rahman Kabir, Nabila Morshed

Abstract

Advances in drug formulation, inhalation device design and disease management are generating new opportunities for patients suffering from obstructive pulmonary diseases. This article provides a comprehensive review of the different promising pulmonary drug delivery technologies in the treatment of obstructive pulmonary diseases, particularly...
Online Databases

• NIH RePORTER
• Clinical Trials.gov
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• Embase
• Scopus
Enter keywords

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Dates

Limit to Document Types

HIV AND malaria AND Africa | Article Title, Abstract, Keywords

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Published 2009 to Present

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ALL

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Article in Press
Book or Book Chapter
Book
Book Chapter
Article or Conference Paper
Conference Paper
Conference Review
Letter
Editorial
Note
Short Survey
Business Article or Press
Erratum
Refine your search

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<td>2006</td>
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Click on Title to see full-text
Global and regional burden of disease and risk factors, 2001: systematic analysis of population health data (Article)

Lopez, A.D.a, Mathers, C.D.b, Ezzati, M.c.d, Jamison, D.T.e, Murray, C.J.c.d

School of Population Health, University of Queensland, Brisbane, Australia
Department of Measurement and Health Information Systems, WHO, Genova, Switzerland
Harvard School of Public Health, Boston, MA, United States

View additional affiliations

Abstract

Background: Our aim was to calculate the global burden of disease and risk factors for 2001, to examine regional trends from 1990 to 2001, and to provide a starting point for the analysis of the Disease Control Priorities Project (DCPP). Methods: We calculated mortality, incidence, prevalence, and disability adjusted life years (DALYs) for 136 diseases and injuries, for seven income/geographic country groups. To assess trends, we re-estimated all-cause mortality for 1990 with the same methods as for 2001. We estimated mortality and disease burden attributable to 19 risk factors. Findings: About 58 million people died in 2001. Of these, 10.6 million were children, 99% of whom lived in low-and-middle-income countries. More than half of all deaths in 2001 were attributable to acute respiratory infections, measles, diarrhea, malaria, and HIV/AIDS. The ten leading causes of global disease burden were perinatal conditions, lower respiratory infections, ischaemic heart disease, cerebrovascular disease, HIV/AIDS, diarrhoeal diseases, unipolar major depression, malaria, chronic obstructive pulmonary disease, and tuberculosis. There was a 20% reduction in global disease burden per head due to communicable, maternal, perinatal, and nutritional conditions between 1990 and 2001. Almost half of the disease burden in low-and-middle-income countries is now from non-communicable diseases (disease burden per head in Sub-Saharan Africa and the low-and-middle-income countries of Europe and Central Asia increased between 1990 and 2001). Undernutrition remains the leading risk factor for health loss. An estimated 45% of global mortality and 36% of global disease burden are attributable to the joint hazardous effects of the 19 risk factors studied. Uncertainty in all-cause mortality estimates ranged from around 1% in high-income countries to 15-20% in Sub-Saharan Africa.
THE LANCET


Global and regional burden of disease and risk factors, 2001: systematic analysis of population health data

Prof Alan D Lopez, PhD, Colin D Mathers, PhD, Majid Ezzati, PhD, Dean T Jamison, PhD, Christopher JL Murray, MD

DOI: 10.1016/S0140-6736(06)68770-9

Summary

Background

Our aim was to calculate the global burden of disease and risk factors for 2001, to examine regional trends from 1990 to 2001, and to provide a starting point for the analysis of the Disease Control Priorities Project (DCPP).

Methods

We calculated mortality, incidence, prevalence, and disability adjusted life years (DALYs) for 136 diseases and injuries, for seven income/geographic country groups. To assess trends, we re-estimated all-cause mortality for 1990 with the same methods as for 2001. We estimated mortality and disease burden attributable to 16 risk factors.
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Frenk, Julio J.  
John F. Kennedy School of Government, Harvard T. H. Chan School of Public Health, Cambridge, United States  
Author ID: 7004636081

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**Analyze author output**

[Back to author details page]

**Frank, Julio J.**

John F. Kennedy School of Government, Harvard T. H. Chan School of Public Health, Cambridge, United States

**Author ID: 00000001**

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- Exclude self-citations
- Exclude citations from books

**Update Graph**

**This author's h-index is 33**

The h-index is based upon the number of documents and number of citations.

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List of publications sorted by number of times cited

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Recent Grants
Most Frequent Journals
DIRECT2Experts
Profiling Overview

Departments

College of Engineering
B Biomedical Engineering
C Civil, Architectural & Environmental Engineering
E Electrical & Computer Engineering
I Industrial Engineering
M Mechanical & Aerospace Engineering

School of Medicine
A Anesthesiology
B Biochemistry & Molecular Biology
C Cell Biology & Anatomy
D Department of Orthopaedics
Dermatology & Cutaneous Surgery
E Epidemiology & Public Health-Med
F Family Medicine & Community Health
H Health Informatics
I Human Genetics
M Medicine

Search options

E.g. blood pressure
By Concept
By Last Name
By Free Text

By department
<table>
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Searching by faculty name
Research Statement: My research applies genomics and cell therapy to the prevention, diagnosis and treatment of coronary artery disease.

Fingerprint

- Atherosclerosis
- Stem Cells
- Endothelial Cells
- Coronary Artery Disease
- Endothelium, Vascular
- Animals
- Acta
- Blood Platelets
- Cells, Cultured
- Coronary Disease

Fingerprint Trends

- Explore the Fingerprint Trends

Publications

1. Brian P. O'Neill; William W. O'Neill; Donald Williams; Mauricio G. Cohen; Alain W. Halimi; Conrad MacN; Claudia A. Martinez; Carlos E. Alfonso; Pedro Martinez Clark; Omaida Velasquez; et al. Impact of CMS coverage decision on access to transcatheter aortic valve replacement. Catheterization and Cardiovascular Interventions. 2014;84(1):114-121.

2. Denica D. Vance; Gordon L. Chen; Mark Stoubenber; Robert J. Myerburg; Kevin Jacobs; Lubov Nathanson; Arlette Perry; David Seo; Pascal J. Goldschmidt-Clermont; Evandie Ramperozaud. Cardiac performance, biomarkers and gene expression studies in previously sedentary men participating in half-marathon training. BMC Sports Science, Medicine and Rehabilitation. 2014;6(1).

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### Knowledge Discovery

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NIH PUBLIC ACCESS POLICY COMPLIANCE

• Ensures free access to published results of NIH-funded research
• Requires manuscript submission to PubMed Central (PMC) within 12 months of publication
• Helps advance science by communicating results more quickly
• Ultimately will improve human health
## Overview of Submission Methods

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| **Method A**: Some Journals automatically post NIH supported papers directly to PMC | | **Method C**: Authors or their designee must submit manuscripts to the NIHMS  
**Method D**: Some publishers will submit manuscripts to the NIHMS  
Awardees are responsible for ensuring manuscripts are submitted to the NIHMS **upon acceptance for publication** |
| **Method B**: Authors must make special arrangements for some journals and publishers to post the paper directly to PMC | |  |

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To cite papers, 3 months post publication and beyond | Final Published Article | Final Peer-Reviewed Manuscript |
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FOR ADDITIONAL INFORMATION PLEASE VISIT SITES LISTED BELOW

Calder Library’s NIH Public Access Policy Digest
http://calder.med.miami.edu/pages/NIHPublicAccessPolicy.html

Official NIH Public Access Website
http://publicaccess.nih.gov/

NIH Glossary and FAQ
http://publicaccess.nih.gov/FAQ.htm

Identify Submission Method and List of Journals
http://publicaccess.nih.gov/submit_process_journals.htm
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Learn more about these Databases by attending a class or requesting an individual session:

http://calder.med.miami.edu/forms/classregistration2.html
For Posters, Brochures, and Photography: BIOMED
In conclusion, we were able to review the following Tools for Researchers:

- The NIH Reporter & ClinicalTrials.gov
- PubMed/MEDLINE/MyNCBI/Clinical Queries
- TRIP/PICO, Embase, Scopus, & SciVal Experts
- Citation Managers (EndNote, RefWorks, Mendeley)
- NIH Public Access Policy Compliance
- Additional Resources (QUOSA, Web of Science/Journal Citation Reports, Scholarly Repository, Tutorials, Training registration, BioMed)
Thank YOU!

Please do not hesitate to contact us at:
305-243-6648  or reference@med.miami.edu

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