

# The CRA's 2014 Young Investigator: Dr. Cheryl Barnabe

**1. What circumstances or which individuals propelled you towards investigative research? Did you anticipate your career trajectory leading in this direction?**

I had been planning to do a rural family medicine clinical exposure during the summer between my first and second years of medical school, but the program was discontinued at the last minute. Instead, I was offered work on a mixed-methods study to define education needs in palliative care for rural Manitoba physicians. I really enjoyed the process of designing questionnaires, performing qualitative interviews, analyzing results, and then putting it together in a package that was useful to the principal investigator. This opportunity was melded with clinical exposures in palliative care at the St. Boniface Hospital in Winnipeg, where I met fabulous and dynamic staff and residents who were also involved in research. A few other projects in palliative care were carried out, but once it was clear that I would be pursuing a rheumatology residency, I began working on projects with Dr. Christine Peschken and the rheumatology group in Winnipeg. To this day that group continues to do a fantastic job of blending epidemiology, clinical, and basic science research within their clinical service mandate, providing an ideal model for a clinician-scientist to follow.

Once I moved to Calgary for rheumatology training I was encouraged to be involved in analysis of the Alberta Biologics Pharmacosurveillance Program database with Dr. Liam Martin, Dr. Susan Barr, and Dr. Walter Maksymowych. This was an immense opportunity to use



cohort data to inform clinical practice and understand outcomes. I completed my MSc degree in rheumatology training, working under Dr. Barr's supervision, but in a completely different field of a new imaging technique for rheumatoid arthritis (RA) damage. This has led to my participation in an international research collaboration called the Study Group for Extreme-Computed Tomography in RA (SPECTRA), which has allowed me to work with many influential investigators from Europe and also becoming involved in Outcome

Measures in Rheumatology (OMERACT) activities.

During my MSc degree I was again drawn to research the epidemiology and health-services use of rheumatic disease by Canada's Indigenous population. This area of research has been incredibly rewarding—I feel I am addressing a significant health issue that receives too little attention otherwise. I deal with complex and challenging research and clinical situations. I get to apply a variety of research methods, and blend my clinical work with my research. I am continuously learning from my network of collaborators. I feel very blessed to have this career.

**2. Your work in health-services research has far-reaching impact in First Nations locales. What do you feel is the primary obstacle in providing effective rheumatology services in these communities? What do you foresee as future successes?**

I personally think that we place too much importance on the role of the specialist and lose perspective of the other health and social situations patients are

experiencing. We expect patients to conform to our schedules and our expectations, and tend to discount the expertise of the primary-care providers in the communities. I think the best model is for the rheumatologist to be adaptive to community needs and requests, working closely with the primary care physicians. I think that will allow us to come closer to reaching a holistic health plan for patients.

### 3. What has been your proudest accomplishment in your research to date? What direction would you like to see for your future projects?

I have recently completed a pharmacoepidemiology study of the Non-Insured Health Benefits (NIHB) database. Accessing the data was an intense process of reaching research agreements with both the Regional and National branches of the First Nations and Inuit Health Branch of Health Canada, the University of Calgary legal department and ethics board, and the Alberta Grand Chiefs Caucus, facilitated through the Alberta First Nations Information Governance Centre. After the data was analyzed, I had the opportunity to give the results back to the Grand Chiefs in Alberta to act on. This process has been celebrated as a positive example of how research can benefit the community and has solidified relationships for future studies.

### 4. For those wanting to pursue rheumatology and a career in research, what is your advice?

I would say one of my best decisions was to choose a rheumatology residency program that had no other trainees in it—this was my experience and resulted in excellent learning opportunities, undivided attention from the Faculty, and my selection of projects to work on. Those serious about pursuing research in their careers should make sure they are continuously working on a project or a case report or something publishable, which is difficult to do in the midst of clinical training, but well worth the time invested. It is critical to get ample research elective time and optimize that time by preparing the projects well in advance; projects always take much longer than expected! Finally, it is really critical to have protected time in specific research training.

### 5. Please define what “culturally safe care” means to you, and how this factors into your research.

Some may have heard of terms such as “cultural

#### CRA/ARF Young Faculty Award for Excellence in Research: 2014 CRA Annual Scientific Meeting

##### CRA/ARF Epidemiology/Health Services Research Award

Dr. Cheryl Barnabe

*“Investigating Access to Arthritis Health Services for Aboriginal People: A Framework for System Reform”*

University of Calgary

##### CRA/ARF Basic Science Award

Dr. Nigil Haroon

*“ERAP1 Variants Associated with AS Alter the Unfolded Protein Response in Cells Expressing HLA-B27”*

University of Toronto

##### CRA/ARF Young Faculty Award for Best Clinical Research

Dr. Pooneh Akhavan

*“Predictive Validity of Low Disease Activity Using Patient-reported Measures on Long-Term Outcomes in Early RA: Results from Study of New Onset RA and Ontario Best Practices Initiative”*

University of Toronto (Supervisor: Dr. Claire Bombardier)

##### CRA/ARF Best Pediatric Award

Dr. Nadia Luca

*“Reliability and Responsiveness of the Standardized Universal Pain Evaluations for Rheumatology Providers for Children and Youth (SUPER-KIDZ)”*

University of Toronto (Supervisor: Dr. Ahmed Bayoumi)

competency” or “cultural safety”; these are different concepts. Cultural competency relates to knowledge of a group’s culture. Few people in Canada really know and understand the history of Indigenous Peoples in Canada, and do not realize the heterogeneity between groups. It is important to understand how social determinants of health define outcomes for Indigenous populations. The most critical piece of cultural competency is that the healthcare provider also reflect on their own personal biases and stereotypes that can dominate a healthcare interaction.

Cultural safety relates more to the patient experience in healthcare, and whether services and interactions are provided in an environment free from racism.

**6. What is most rewarding about your efforts in First Nations communities? Can you share an anecdote about some time you found yourself in a learning moment within the community?**

I do not go through a single clinic without being humbled at how open patients are at sharing their stories with me, particularly the difficult and traumatic stories, or how appreciative the communities are to have the service provided in their healthcare setting.

**7. What do you foresee as challenges to Canadian researchers in the future? What can individual rheumatologists and the CRA do to meet these challenges?**

There is such immense pressure to address the patient load—and admittedly, clinician-researchers do not primarily contribute to clinical service provision. I think that this drives research that is grounded in advancing the field of rheumatology, so working on something that will benefit many is critical. Clinician-researchers do bring such expertise on the important questions and nuances of the diseases and outcomes measures to the research table. There is a great need to be supported to continue this research work.

**8. If you could compete in the Olympics, which event would you participate in?**

Curling of course—what a great sport. I have been fortunate to play on Dr. Cory Baillie's medical team for the interprovincial bonspiel for the last two years; hopefully he will have me back again next year despite a less-than-stellar performance in 2014.

**9. If you could live in any other time period in history, what era would you inhabit?**

I am pretty positive I was meant to experience the late 1960s and early 1970s!

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