



By
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It was not that I had bad experiences in my past research labs when I came in a little skeptical to TRIP lab. It was that I had never had an experience. Webster's defines an experience as, "the fact or state of having been affected by or gained knowledge through direct observation or participation." The two key parts in this definition are "affected" and "direct observation or participation." As a pre-medical student, my previous research interests involved exploring aspects such as identity of surface proteins in mesenchymal transitions of pancreatic carcinoma. The meticulous and detached methods of this research taught me the value of objectivity in producing valid results. It also taught me the importance of thoroughly following experimental protocol. However, medicine is not only defined by following detached processes for diagnosis, but also by contributing innovation in research and addressing the humanistic touch of doctor-patient interactions. I caught a glimpse of both in my time at Translational Research for Injury Prevention (TRIP) lab.

What made the TRIP lab experience different from most was that I was the driver of my own research interests (no pun intended). While I was a contributing part to the unique projects for my previous labs, I was the primary creator and director of TRIP research, just like all of my other colleagues. Our lead Principal Investigator (PI), Dr. Despina Stavrinos, created an environment where we were able to implement our own ideas and research inquiries. As an undergraduate research assistant, the ability to mold an academic project funded by a multi-disciplinary, innovative federally funded University Transportation Center, the UAB University Transportation Center (UAB UTC) and one of the world's leading hospitals, the Children's Hospital of Pennsylvania, is close to nonexistent. I remember sharing with Dr. Stavrinos the possibility of evaluating the effects of tactile response phones compared to touch-screen phones on distracted driving in our preventative medicine research study, "Distracted Driving among ADHD Adolescents." The next day, our participant survey was altered to include cell phone type. This is "direct observation or participation" where you learn to not only think innovatively within a research framework but also implement ideas to contribute to the quality and outcome of the project. Similarly, the field of medicine is dependent upon continuous innovation methods for diagnosis and treatment.

Another unique facet of the study was that it involved direct interaction with participants. We conducted clinical interviews inquiring about the medical history of ADHD participants such as prescription usage and dosage. Learning to address the interview properly taught me the difference between communication and interaction. Communication is simply the ability to articulate the questions. Interaction, however, is the ability to create an open, welcoming atmosphere which fosters reciprocal communication. Similarly, the creation of a transparent relationship where the patient feels comfortable sharing symptoms and history is a cornerstone of physicianship. An amiable doctor-patient relationship helps in obtaining knowledge useful to the formation of a sound diagnosis.

What I have learned in TRIP lab is priceless. It has contributed to my manifesto of what I believe is the meaning and duty of a physician. And this is what it means to be "affected" by the knowledge gained. Consequently, my time in TRIP lab was more than an involvement. It was an \ik-spir-ē-ən(t)s\.

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