



## The International Fellow Experience

**KRISTEN NORLIN:** Hi, this is Kristen Norlin. I'm the director of academic affairs here at the DCRI and have been here now for over 16 years. Many of my hats involve the faculty, the fellows, the training programs, and all those things that kind of connect with the academic world.

The fellowship program, since I've been at the DCRI, has grown substantially. And it's been a real pleasure to have the international component to our fellowship program. I think for one it adds a complete diversity of candidates who come from different cultures and bring new and great ideas to us. And at the end of their fellowship, they generally go back to their countries and we are allowed to continue to collaborate with those fellows and have them kind of evangelize things that they learned here at the DCRI, which is a singularly unique place to train.

I'm pleased to welcome Dr. Adam Nelson from Australia, joining me here for this conversation today. He had the pleasure of becoming the chief fellow in the COVID year, so a truly unique experience I'm sure.

**ADAM NELSON:** Kristen, thanks so much for having me. It's a pleasure being here today. Look, when I reflect on my time at the DCRI, it feels like yesterday.

For me, the DCRI is a number of things. It was, quite simply, there was no other place to train to mix both the quantitative elements of clinical trials with the hands-on partnership opportunities that you have there.

For me, it was an opportunity to go to the mothership, and see what a trial looks like from behind the scenes. I think in my time there I learned as much from the project leaders as I learned from the principal investigators. What you realize by being part of a mothership, and there are only a few places you can be in the mothership, you know the PHRI in Canada, perhaps TIMI in Boston.... places where trials is the business, and you work with these PLs, and you understand how to interact with industry, and sponsors, site management, risk-based monitoring, all of these things that you just take as known but until you're actually in the weeds, in the trenches with these PLs, managing onsite CRAs, etc... it's just fantastic. You almost don't know what you don't know until you're in there.

For me, when returning home, I look back and think the counsel I got about going to DCRI was to go to a place where you would learn everything about clinical research. And it was about the people, as much as anything. And so I look back and I think about the mentorship and the friendship and that's been a really important part of my journey.

**KRISTEN NORLIN:** That's great to hear. I mean one of the things that we hope, again, for our fellows to take with them is that broad base understanding of what clinical research can be.

So are you still engaged with any folks up here? Still kind of cross-collaborating, across the oceans?

**ADAM NELSON:** My wife laments the fact that I'm still on calls at the wrong time of day. COVID's allowed that, so I kind of run two different time zones for three days a week. I'm still on calls from about midnight 'til 2.



And that's probably one of the things I've learned most about DCRI, is that they're willing to invest in people. I hope I've become more important to the DCRI as I've left, and can be an investigator at sites in the other hemisphere.

I'm grateful for the mentorship I've received, you know, Chris Granger, John Alexander, Neha Pagidipati. These are people that really have invested in me and I look forward to returning that investment with some interest.

**KRISTEN NORLIN:** Well, I'm sure you're going to do amazing science moving forward.

We just had a great time having you here, and are excited about your future, and excited to continue to collaborate, as you said.

**ADAM NELSON:** So after the DCRI, I've returned home to Australia to take up a role as a clinical interventional fellow here in Melbourne, Victoria. I'm hoping this is the end of the beginning, or the beginning of the end, and my aim is to undertake a faculty position here in Melbourne, which would have some protected research time.

Stemming from my work back at the DCRI, my interests are around cardiovascular disease and improving the quality of care we provide, particularly to patients with diabetes and obesity, and starting to run trials here where we're looking at how we can select those patients most likely to benefit from therapies which we know have got proven efficacy.

For me, the learnings that I've had there about running good clinical trials, the patient centricity, the interdisciplinary nature of the science, continue to be tenets with which I hope to continue my own clinical practice and clinical trials.