Dr. Meeta Kerlin is an Assistant Professor of Medicine at the Perelman School of Medicine and a Senior Fellow at LDI. We are thrilled to spotlight Dr. Kerlin as our PISCE@LDI member of the month. In the following conversation with Dr. Kerlin, we hear about her background, research interests, and recently funded implementation science NHLBI R01, INPUT.

PISCE@LDI: How did you become interested in implementation science?
Dr. Kerlin: I am a critical care health services and implementation researcher at Penn. If you would have told me 20 years ago there would be an entire field of implementation science, I would have known that was what I would call myself. But I don't think I would have called myself implementation science. I am now delighted to be on.

PISCE@LDI: What excites you most about pursuing a research agenda in implementation science?
Dr. Kerlin: I am excited about the work my colleagues and I do on the backend of really trying to make that research translate. And I am excited about critical care implementation research. Finally, I am excited about the strategies function in the different ICU environments and to measure their effectiveness to promote behavior change to develop electronic health records. The chance to truly save a life led me to critical care as a clinical specialty; the same thing, on a broader scale, excites me about critical care implementation research.

PISCE@LDI: What excites you most about implementing research in critical care?
Dr. Kerlin: I am really excited about the strategies function in the different ICU environments and to measure their effectiveness to promote behavior change to develop electronic health records. My colleagues and I have developed a multidisciplinary, collaborative approach to this work with 8 clinician scientists, 4 researchers, and 2 implementation science experts. We have a team of clinician scientists who understand what is happening on the ICU floor and what the barriers to care are. We have research scientists who understand the research methods and the data analysis. And then the implementation science experts help us translate the research into practice.

I am really excited about this approach and the work we do in critical care implementation science. It is often described as the last mile of research. It is the research on the front end that gives us the knowledge we need to know what works for patient care, and then the research on the back end that tells us about how to get that knowledge into practice.

PISCE@LDI: How do you reasonably ensure successful implementation in critical care?
Dr. Kerlin: We work with our hospital partners to ensure that the research we do on the back end can be translated into practice. We have a team of 12 critical care units in our hospital, and we work with each unit to understand their individual needs and challenges. We have a team of clinician scientists who understand what is happening on the ICU floor and what the barriers to care are. We have research scientists who understand the research methods and the data analysis. And then the implementation science experts help us translate the research into practice.

We also work with the leadership of our hospital to make sure that the research we do is aligned with the hospital's strategic goals. We have a team of 12 critical care units in our hospital, and we work with each unit to understand their individual needs and challenges. We have a team of clinician scientists who understand what is happening on the ICU floor and what the barriers to care are. We have research scientists who understand the research methods and the data analysis. And then the implementation science experts help us translate the research into practice.

PISCE@LDI: What has been your most rewarding contribution to implementation science?
Dr. Kerlin: I am really excited about the work my colleagues and I do on the backend of really trying to make that research translate. And I am excited about critical care implementation research. Finally, I am excited about the strategies function in the different ICU environments and to measure their effectiveness to promote behavior change to develop electronic health records. The chance to truly save a life led me to critical care as a clinical specialty; the same thing, on a broader scale, excites me about critical care implementation research.