

Embracing the Unexpected: Leaning into Challenges

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Every undergraduate that has taken a global health class at Duke has likely heard of the following phrase: “Global health starts at the home”. As budding student researchers, we hope to venture out into the world to study and implement practices that strive to improve health across national borders. Yet we wanted to start at home, and for us, our home is Durham. Our SRT team sought to investigate the levels of heavy metal elements minority auto repair workers in small, independent local auto shops in the Triangle Area may have, as well as some of the social determinants of health that may contribute to these environmental exposures. During the spring, we attended workshops that guided us through the budgeting and necessary administrative forms we’d have to submit. As a team, we worked to define the scope of our study for the coming summer; we discussed whether we wanted to pursue action plans in policy or education following the pilot. We carefully drafted the protocol for our study, taking inspiration from studies in Ghana done by one of our faculty mentors, Dr. Fred Boadu. Ultimately, we finalized a draft of a qualitative interview we hoped to ask each mechanic, as well as the procedures for collecting nail clippings. We planned to analyze the nails for heavy metal levels and the interview responses for themes. As our plans began to crystallize, we began to form expectations.

We quickly discovered that our high expectations could not be met. We naively expected quick approval from the IRB, and we were disappointed when we found out how mistaken we were. We received our draft back full of various comments, suggestions, and issues that had to be addressed. They were not easy fixes; we had to carefully reconsider not just the design methodology, but also any possible legal and privacy considerations. We readjusted our project’s approach and scope and made difficult decisions like removing an observational checklist, reframing survey questions, and adjusting the role of our community liaison. After these changes, we expected the issue to be resolved. We then learned that other offices, both within the IRB and in other institutions, had different suggestions and changes for the protocol, and more revisions were needed. When we were first notified of the issues our project raised, we were upset and disappointed. It was difficult to make changes to something we had worked so hard on, and it was hard not to be frustrated. However, we have started to look at this from another perspective.

We now view this as a learning experience; an opportunity to make our project stronger. Before this, we did not know all of the various aspects that play into IRB approval. We discovered the numerous offices that work together to give feedback on proposals like ours, including legal, privacy, and environmental science offices. We didn’t predict that our protocol would be relevant to all of these different offices, but we soon realized the intersectional nature of our work and the necessity of having different groups’ diverse perspectives. While working through various drafts, we’ve learned to work better as a team, with increased adaptability, flexibility, and patience. We also developed a keener attention to detail and specificity that we lacked when creating our first drafts. We can now say we have a much better understanding of the IRB and overall research planning process. As we’re waiting for IRB approval and navigating the difficulties of the process, we’re generating alternative ways to productively use

our time and resources. Although the project hasn't followed our originally envisioned timeline and expectations, we remain optimistic for the future and are grateful for the extensive insight we continue to gain into the global health research field.