Co-worker Profile

FOLA SODADE,

Trauma Research Scientist

Nigerian-born Fola Sodade recalls that when he learned that his father had prostate cancer, he felt a sense of helplessness.

"Where he was, he had very limited options for treatment," he says. "There wasn't much that could be done for him."

The loss, he says, inspired him to focus primarily on evidence based clinical research and the limitless options it continues to offer in non-oncology and oncology medical fields.

He studied medicine first in Ukraine and then in Germany, where he concentrated on international public health. At Mercy Hospital in Springfield, MO, Fola has supported several clinical trials, including cardiovascular device & drug therapeutic studies and COVID-19 trials as well as collaborations with the Real-World Data/ Real-World Evidence (RWD/RWE) departments of medical device companies.

In his current role asTrauma Research Scientist, Fola works directly with healthcare providers across specialties and disciplines to develop and conduct clinical studies aimed at advancing clinical care and outcomes for trauma patients in our communities.

"Amongst other Investigator Initiated Trials, currently, we are comparing the use of intravenous (IV) insulin to subcutaneous insulin administration, on clinical outcomes, episodes of hyper/hypo-glycemia, time to target glucose, mortality, hospital length of stay and cost-effectiveness," he says. "When trauma occurs, there are sharp changes in glucose levels within the body. An uncontrolled rise or decrease in glucose levels leads to metabolic changes which in turn affects overall clinical outcomes."

"Usually in trauma cases, like car crashes, gunshot wounds and burns, insulin has been administered with a subcutaneous injection," he says. "That's been the standard. But there's data accumulating that a more effective method would be intravenous. It's looking like this more direct way of entering the body lets us stabilize the patient's glucose levels more quickly, while limiting infection exposures."

To judge the effects, he's looking at data like mortality rates and post-stabilization length of stay in hospitals. The study, he says, could not only lead to better patient outcomes, but also a vast reduction in costs associated with trauma treatment.

"We're seeing better outcomes as a result of the direct application of our work," he says. "We're still at the first stages, but it's promising."

Working directly with ER, critical care doctors and trauma/ burn surgeons hasn't just been useful. It's been inspiring, a continual learning process.

"That's one of the things that's different about Mercy," he says. "The culture encourages a real two-way interest in research. The openness of the doctors to participating in research is one aspect, and the interest that the ministry takes in what the doctors bring to them is another. There's a lot of investigator-initiated trials. It works both ways."

Leadership, he adds, is also invested in encouraging research.

"I think of our leaders as part of our team," he says. "They have a direct interest in impacting their communities. That's their motivation. It's the power not to be selfish that drives them."

While one day he hopes to return to Nigeria and "bring those innovations home," for the moment, he's happy in Springfield.

"It's quiet and peaceful here," he says, and adds that the heavy medical presence in the town has encouraged the growth of the African community in Springfield. "There are stores now where we can get African food. So, it's not home, but it's feeling more like it."