

Forskeren som kliniker, og klinikerens som forsker – refleksjoner

SPØRSMÅL - KOMMENTAR - ØNSKER?
Bruk: www.slido.com kode: Tromsø

Asbjørn Jokstad
UiT Norges arktiske universitet
asbjorn.jokstad@uit.no



Forskeren som kliniker, og klinikerens som forsker – refleksjoner eller

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Forskeren som kliniker, og klinikerens som forsker – refleksjoner eller

Du er straks klar for å virke som tannlegespesialist med forskerutdanning – hva bør du vite (..som du kanskje ikke har hørt før?)

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Hva bør du vite (..som du kanskje ikke har hørt før?)

1. Praktiser livslang læring - vær forberedt på karriereskifter
2. Hvordan presentere forskning for ulike målgrupper
3. Hvorfor peer-reviewing (fagfellearbeid) er verdifull erfaring
4. Hva skal en EU-søknad om prosjektfinsiering omfatte

Hva bør du vite (..som du kanskje ikke har hørt før?)

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Praktiser livslang læring - vær forberedt på karriereskifter

Odont. fakultet Oslo
(Konkurranseskyting)



Militærtannlege
(Konkurranseskyting)

1974-1979

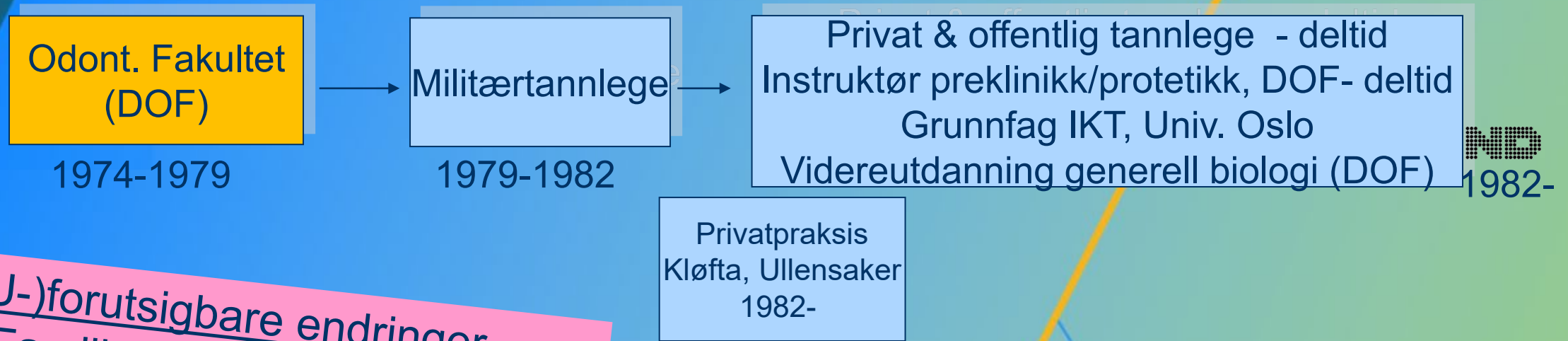
1979-

±(U-)forutsigbare endringer

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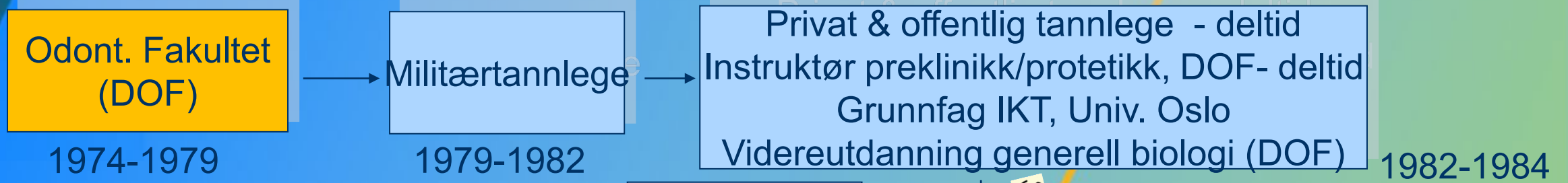
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Praktiser livslang læring - vær forberedt på karriereskifter



±(U-)forutsigbare endringer
1. Familieøkning
2. Endringer i arbeidsmarkedet

Praktiser livslang læring - vær forberedt på karriereskifter



Privatpraksis
Kløfta, Ullensaker
1982-

DOF, Oral anatomi
SEM / TEM elektromikroslopi
(& undervisning tannmorfologi)

«vit. ass.» 1984-

±(U-)forutsigbare endringer

1. Familieøkning
2. Endringer i arbeidsmarkedet
3. Teknologitvviklingen



Praktiser livslang læring - vær forberedt på karriereskifter

Odont. Fakultet
(DOF)

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Privat & offentlig tannlege - deltid
Instruktør preklinikk/protetikk, DOF- deltid
Grunnfag IKT, Univ. Oslo
Videreutdanning generell biologi (DOF)

1982-1984

Privatpraksis
Kløfta, Ullensaker
1982-

↓ 

DOF, Oral anatomi
SEM / TEM & Tannmorfologi
Data & nettverk infrastruktur
1986: 

Nordic Institute of Dental Materials
Kliniske studieprogram - PBRN
Toksikologi (Hg - amalgam)
1984-

Arpajet



NIOM
Nordic Institute of Dental Materials

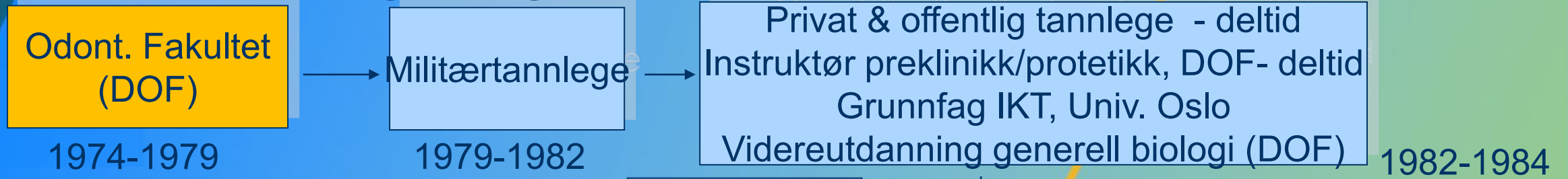
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1. Familieøkning
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4. Tilfeldigheter

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&
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oral protetikk
1992 -

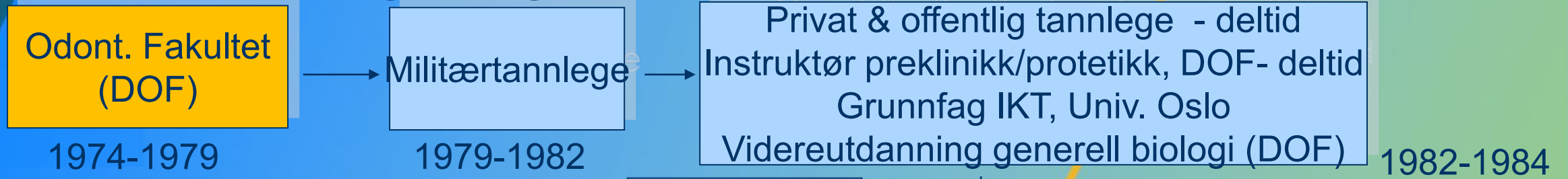
1991 → 1992 PhD: Kompleks multivariat statistikk

Kritisk behov for bedre kunnskap i klinisk epidemiologi innen klinisk odontologi! (1992)

- ±(U-)forutsigbare endringer
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 2. Endringer i arbeidsmarkedet
 3. Teknologitvillingen
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 5. Sjokkerende erfaringer



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The application, by a physician who provides direct patient care, of epidemiologic and biostatistical methods to the study of diagnostic and therapeutic processes in order to effect an improvement in health.
1968, David Sackett, McMaster University, Canada



Hva bør du vite (..som du kanskje ikke har hørt før?)

Tidsskriftet
DEN NORSKE LEGEFORENING

FAGOMRÅDER UTGAVER FORFATTERVEILEDNING LEGEJOBBER SØK

Kunsten å svømme blant hai

TIDLIGERE I TIDSSKRIFTET

Sett med Valo Ramlih Nesrevis speilvendte blikk, byr legetilværelsen på bitter strid om å komme foran i køen – i et hav fylt av rovfisk og med pokerspill satt i system. Artikkelen som her gjengis i sin helhet, er fra 1985. Dens instruksjoner om hvordan man skal overleve i den administrative og personlige hengemyr, synes dessverre like aktuell i dag.

Publisert: 10. april 2003
Utgave 8, 10. april 2003

Tidsskr Nor Lægeforen 2003
123: 1157-8



PDF



SKRIV

1985

(2003)



Gjennom et lett gjenkjennbart ansikt (1923–97) frem sin studie

HOW TO SWIM WITH SHARKS: A PRIMER

VOLTAIRE COUSTEAU*

1973

Foreword

Actually, nobody *wants* to swim with sharks. It is not an acknowledged sport, and it is neither enjoyable nor exhilarating. These instructions are written primarily for the benefit of those who, by virtue of their occupation, find they *must* swim and find that the water is infested with sharks.

It is of obvious importance to learn that the waters are shark infested before commencing to swim. It is safe to assume that this initial determination has already been made. If the waters were clearly not shark infested, this would be of little interest or value. If the waters were shark infested, the naive swimmer is by now probably beyond help; at the very least he has doubtless lost any interest in learning how to swim with sharks.

Finally, swimming with sharks is like any other skill: it cannot be learned from books alone; the novice must practice in order to develop the skill. The following rules simply set forth the fundamental principles that, if followed, will make it possible to survive while becoming expert through practice.

Rules

1. Assume unidentified fish are sharks. — Not all sharks look like sharks, and some fish that are not sharks sometimes act like sharks. Unless you

Valo Ramlih Nesrevis:

Kunsten å svømme blant hai*

En studie i medisinsk sosiologi

1992

Hvi skrider Menneskeheden saa langsomt frem? spurte Henrik Wergeland i 1837. En av årsakene er nok den stadige kampen mellom de to sett av krefter: de som representerer den «synlige», men svake, verden og de som representerer den sterke, men nesten «usynlige», verden. Denne strid utkjempes både på gruppeplan (de administrative systemer) og på det personlige plan (hver enkelts egotrip).

Det administrative plan

Den synlige verden er her helt klart den svakeste. Det som alle ser, er det åpne administrative system hvor illusjonene er basert på saklige argumenter. Helsevesenet utbygges f.eks etter planer som først er utredet av komiteer eller utvalg, og ender som Norges Offentlige Utredninger, bind 88, 1985. I slike innstillinger har man grundig undersøkt problemet slik det har vært i historisk tid, deretter tar man et overblikk over situasjonen i dag, og så gjør man en såkalt fremskrivning hvor man bedømmer hva som bør hende i fremtiden. Det er alltid idealistiske hovedtemaer i musikken, og bare saklige og logiske argumenter blir brukt. Helsevesenet skal inndeles i fornuftige regioner, fylkenes helsevesen skal samarbeide med regionhelsevesenet, og regionene skal samarbeide om såkalte landsfunksjoner. Det tas for gitt at sykehusadministrasjon, leger, sykepleiere, hjelpepleiere og avdelingsbetjenter, alle samarbeider ideelt til pasientens beste. Krav om bedre levekår, mer lønn, kortere arbeidstid, osv, nevnes aldri. Innstillingen går til departementet som sender en Stortingsmelding. Denne blir behandlet av Sosialkomiteén, og til slutt (etter 3–4 år) gjør Stortinget et vedtak. Deretter skjer det lite, fordi denne synlige verden har nok så svake krefter.

Den «usynlige» verden er den sterke, og den som er mest reell. Her er det tildels bitter prestisjekamp mellom gruppene. Sykepleierne vil ha mer innflytelse og krever en større del av ansvaret for pasientene for å få høyere lønn og kortere arbeidstid. Hjelpepleierne er aggressive mot sykepleierne. Avdelingsbetjentene vil «bedre levekår». Legene slåss mot de andre grupper og mot hverandre i gjenger. Den ene spesialitet kan ikke tenke seg å gi fra seg noe, og den annen spesialitet vil erobre nye felter. Fylkene kjemper seg imellom og mot Staten. Kommunene strides i hvert fylke.

Når det gjelder lovene som gjelder i slike stridigheter mellom grupper som har administrativt makt, er disse beskrevet av G D Lundberg (Managing the Patient-Focused Laboratory, Medical Economic Books, Oradell, NJ, USA) i 1976 på følgende måte (fritt oversatt):

- §1 Administrative systemer reagerer sjelden og ugjerne på saklige argumenter, men ofte på politisk eller offentlig press.
- §2 Det viktigste (men aldri omtalte) mål for enhver administrativt system er å manipulere forholdene slik at egen virksomhet kan fortsette og øke i størrelse, betydning og makt. Dette gir økt mulighet for kontroll over andre.
- §3 Det viktigste (men aldri omtalte) mål for enhver gruppe er å beskytte seg selv og sine stillinger, øke ansvarsområdet, stige i lønn og pensjon og få flest mulig frynsegoder.
- §4 Den grunnleggende holdning er egentlig konservativ, selv i grupper med erklært sosialistisk mål. Alle prøver å beskytte den eksisterende tilstand. Man vet hva man har og er engstelige for enhver forandring som man ikke selv har foreslått, jfr §2 og 3.
- §5 Kunnskap om dårlig effektivitet og viten om ukyndige medarbeidere og gale beslutninger diffunderer meget raskt gjennom systemets hengemyr.

*) Forfatterens navn kan leses baklengs.
*) Tidligere publisert i Tidsskr Nor Lægeforen, 1985; 106: 1157-8

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JOKSTAD

«SOSIOLOGI»

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Å unngå konfliktskaperne

«Fred er ei det Beste, men at man Noget vil.» sa Bjørnstjerne Bjørnson. Men det kan bli for mange som vil for mye. På sykehusene er det ikke uvanlig at det er indre stridigheter. Hva gjør man da?

De fleste av oss liker ikke konflikter. Vi blir rett og slett lei oss, og vi har ikke godt av det heller. Når det braker løs, enten det er på jobben eller i privatlivet, har mange lyst til å gå og gjemme seg.

Det er ikke så lett å unngå konflikter. Paradoksalt nok kan det å ønske fred være direkte konfliktskapende. Å løse en konflikt kan bety at provokatørene ikke fikk has på den de ville. I raseri bruker de enda verre midler.

I karriere- og konkurransemiljø som man finner på sykehus og universitet kan det gå hardt for seg, og i verste fall kan store strider lamme arbeidet og gå ut over pasientene. Slike tunge, langvarige konflikter kan rett og slett gå på livet løs, og de representerer et internasjonalt problem. Det er heller ikke lett å bli kvitt konfliktskaperne som er fast ansatte og sitter i overordnede stillinger, og i praksis kan det være besværlig å holde seg unna dem. Selv har jeg opplevd at to bitre fiender satt på nabokontor til hverandre. Striden var kommet så langt at de bare kommuniserte per rekommandert brev.

Olav Hilmar Iversen [1923–97] var en fargerik professor i patologi på Rikshospitalet, en gudbenådet foreleser og internasjonalt kjent forsker, som vi allerede har presentert i denne serien. Han hadde sett dette problemet. I sin lange karriere hadde han også følt det på kroppen, først innen kirurgi og siden innen patologi og eksperimentell forskning. Han ble inspirert av en kjent professor ved Johns Hopkins-universitetet i Baltimore, Richard J. Johns, som hadde skrevet flere artikler om det han kalte *How to swim with sharks*. Den første artikkelen hadde undertittelen *A primer*, den neste het *The advanced course*. Selv om glupske hai er uvanlige i Norge, tilpasset Iversen emnet til våre akademiske forhold som en sosiologisk studie. For ikke å bli utsatt for noe, skrev han under pseudonym, men leserne oppdaget fort at det var hans eget navn skrevet baklengs. Et hovedpoeng med artikkelen er at man kan skrive mye krassere for spøk enn i en alvorlig artikkel. Og alvorret nådde frem: Artikkelen er blitt mye sitert og ble også gjentrykt i Tidsskriftet i 2003 [1]. Skal man gjøre karriere, er det bedre å lære seg å svømme blant hai enn å bli angrepet av dem eller kanskje til og med spist opp.

Ole Didrik Lærum
ole.laerum@gades.uib.no

2011

Ole Didrik Lærum [f. 1940] er professor [adj.] ved Københavns Universitet og professor emeritus ved Gades Institutt, Universitetet i Bergen.

Litteratur

1. Kunsten å svømme blant hai. Tidsskr Nor Lægeforen 2003, 123: 1157-8.

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Praktiser livslang læring - vær forberedt på karriereskifter

Odont. Fakultet (DOF)

1974-1979

Militærtannlege

1979-1982

Privat & offentlig tannlege - deltid
Instruktør preklinikk/protetikk, DOF- deltid
Grunnfag IKT, Univ. Oslo
Videreutdanning generell biologi (DOF)



1982-1984

Privatpraksis
Kløfta, Ullensaker
(1982-2005)



Spes. utdann.
oral protetikk
1992 - 1994

DOF, Oral anatomi
SEM / TEM & Tannmorfologi
Data & nettverk infrastruktur
&
Nordic Institute of Dental Materials
Kliniske studieprogram - PBRN
Toksikologi (Hg - amalgam)
1984-1992



DOF: (digital) Protetikk
& TMD (1994-)

1991 → 1992 PhD: Kompleks
multivariat statistikk

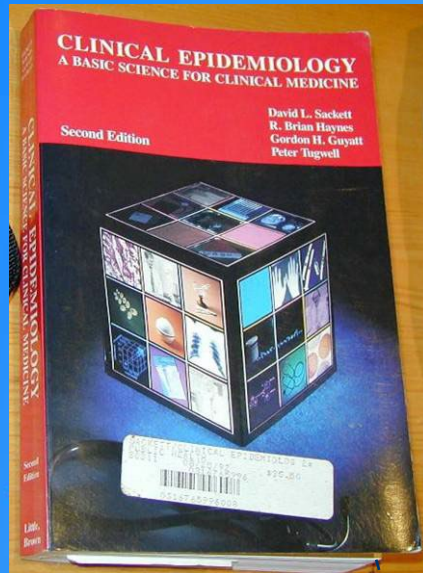
Kritisk behov for **bedre**
kunnskap i klinisk epidemiologi
innen klinisk odontologi! (1992)

DOF Core Curriculum
(1996-)
Biostatistics
Research methodology

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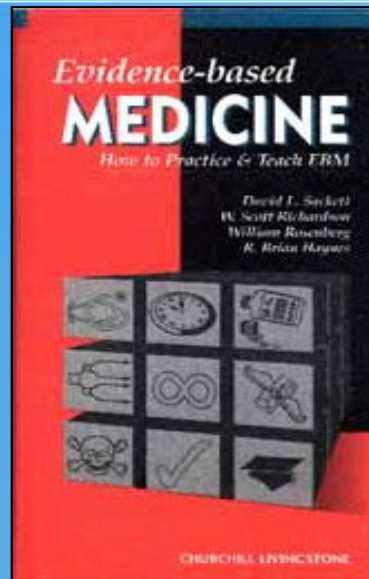
- ±(U-)forutsigbare endringer
1. Familieøkning
 2. Endringer i arbeidsmarkedet
 3. Teknologitvillingen
 4. Tilfeldigheter
 5. Sjokkerende erfaringer
 6. Etterspurt kompetanse

Hva bør du vite (..som du kanskje ikke har hørt før?)

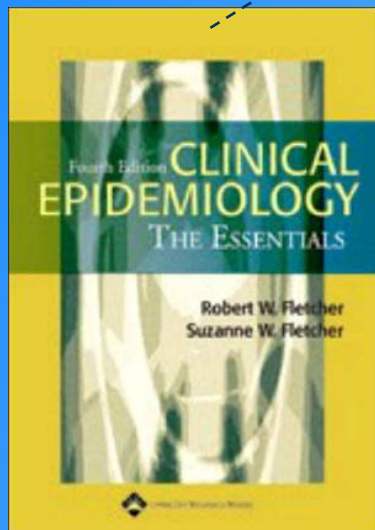


1985: 1st ed.

1991: 2nd ed.



1997: 1st ed.



1982: 1st ed.

12

BECOMING A SUCCESSFUL CLINICIAN-INVESTIGATOR

Dave Sackett

I wrote this section with both the mentors and the mentored in mind. However, my primary target is the reader who is being mentored, whom I will call "you." I hope it will also help mentors (whom I will call "they") identify their duties and evaluate their effectiveness.

I think that the determinants of your "academic success" as a clinician-investigator (defined in terms of principal investigatorship, lead authorship, promotion, tenure, career awards, honors, power, and reputation) are not "academic" (defined in terms of intelligence, theoretic understanding, mastery of a body of knowledge, and teaching skills) (1,2). Some clinician-investigators fail because they are crazy. Others fail because they lack minds that are "prepared" to generate important questions based on their clinical observations. However, the range of their intelligence is so compressed at

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Hva enhver pasient bør kunne forvente av en (tann)lege

*Relevante kliniske undersøkelser, riktig diagnose & begrunne anbefalt behandling

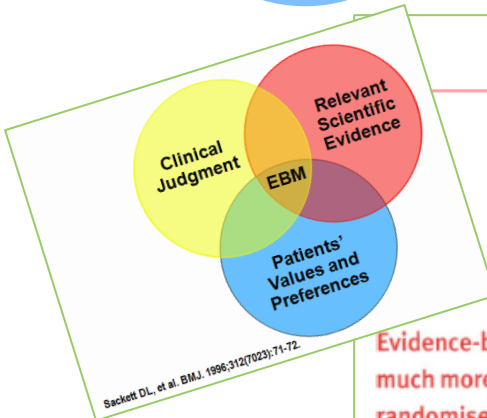


Hva finnes av aktuelle metoder og materialer? (Ontologi)

Hva fungerer sannsynligvis best ← kan fungere → vil ikke fungere?)

Hvordan kan man vite det? (Epistemologi)
(Forbannet løgn ← løgn → forstå og tolke statistikk)

En anbefalt behandling som er etisk og tannmedisinsk faglig forsvarlig



Sackett DL, et al. BMJ. 1996;312(7023):71-72

editorial

Asbjørn Jokstad Associate Editor

Evidence-based healthcare: avoiding ivory tower research?

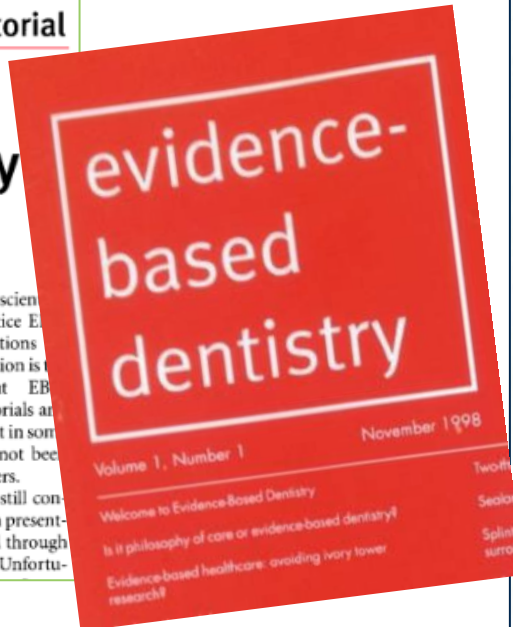
EBD 1998

Evidence-based dentistry is much more than randomised controlled trials and must always be regarded as an adjunct to, and not as substitute for, sound clinical judgement and patient preferences.

Several individuals and organisations have gradually recognised the value of applying evidence-based health care in dentistry (EBD). The two centres focussing on EBD, The Center for Evidence Based Dentistry¹ and The Cochrane Collaboration Oral Health Group² are both located in UK. Thus far, much of the activity within EBD is centered in UK.³ A survey was therefore initiated to appraise possible EBD activities in main-Europe. European Cochrane Centres were con-

profession, clinicians as well as scientists so far hesitate to start to practice EBD. There may be several explanations for this. The most obvious explanation is the lack of information about EBD. Although there have been editorials and subsequent letters on the subject in some major journals, the topic has not been followed by more in-depth papers. It is also possible that many still consider that the quality of research presented in dental journals is secured through existing systems for granting. Unfortun-

asbjorn.jokstad@uit.no



Fagartikkel

(Profesjonsetikk)

Asbjørn Jokstad NTF Tid 1999

EBM, evidensbasert medisin – relevant for tannleger?

Evidensbasert medisin (EBM) er en ny strategi for å knytte sammen gruppebaserte forskningsdata og epidemiologisk statistikk med individrettet pasientbehandling. EBM praktiseres ved å a) omforme kliniske informasjonsbehov til konkrete spørsmål som kan besvares, b) finne relevant dokumentasjon for å besvare slike spørsmål, c) vurdere kritisk denne dokumentasjonen etter ulike kriterier for å anslå hvor sannsynlig det er at funnene er riktige og d) yte behandling i henhold til dokumentasjonen dersom denne er klinisk signifikant og relevant for ens egen praksis. Innen flere helsefag blir EBM stadig mer tatt i bruk for effekten av sykdomsforebygging og terapi, for å etiologiske faktorer og for å vurdere effektivitet av diagnostiske tester.

skapen har behandlingen, risikerer å bli riterer tid og tid tankevek helseperson utøver bedre publisert, ty henseende (Kunnskap)

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Toksikologi (Hg - amalgam)
1984-1992



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Kariologi (1998-)



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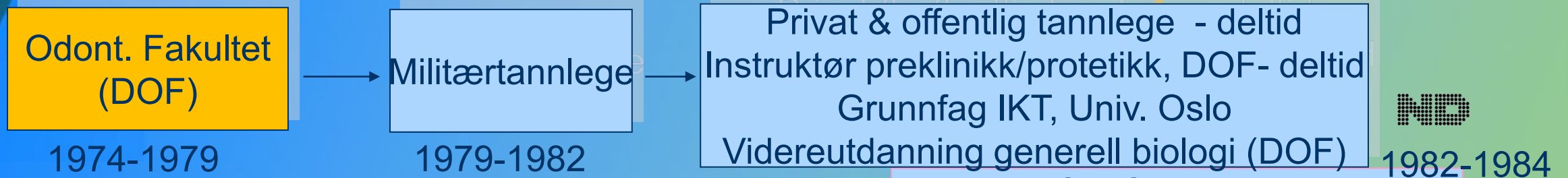
DOF Core Curriculum (1996-)
Biostatistics
Research methodology



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Kariologi (1998-2004)

(spes.) Oral protetikk & funksjon (2004-)

Privatpraksis Kløfta, Ullensaker (1982-2005)

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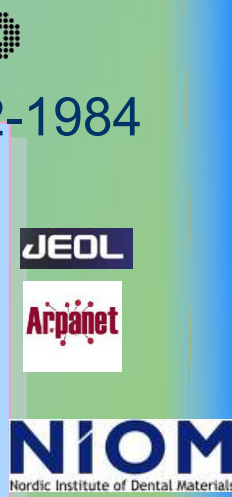
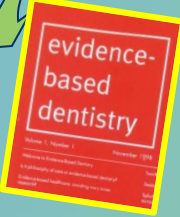
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 6. Etterspurt kompetanse
 7. Dødsfall



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Odont. Fakultet
(DOF)

1974-1979

Militær

1979-1982

Privat & offentlig tannlege - deltid

Klinikk/protetikk, DOF- deltid

Oslo

Biologi (DOF)

1982-1984

Oral anatomi

& Tannmorfologi

tverv infrastruktur

& 

of Dental Materials

dieprogram - PBRN

logi (Hg - amalgam)

1984-1992



Nordic Institute of Dental Materials

±(U-)forutsigbare endringer

1. Familieøkning
2. Endringer i arbeidsmarkedet
3. Teknologitvillingen
4. Tilfeldigheter
5. Sjokkerende erfaringer
6. Etterspurt kompetanse
7. Dødsfall
8. An offer you couldn't refuse

DOF: (digital) Protetikk
& TMD (1994-

Kariologi (1998-2004)

(spes.) Oral protetikk
& funksjon (2004-2005)

Protetikk (implantat-)
(grunn & spesialist)

2005



Clinical epidemiology
& E-B Health Care



Kritisk behov for bedre
kunnskap i klinisk epidemiologi
innen klinisk odontologi! (1992)



1991 → 1992 PhD: Kompleks
multivariat statistikk

DOF Core Curriculum
(1996-2004)
Biostatistics
Research methodology

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asbjorn.jokstad@uit.no

Hva bør du vite (..som du kanskje ikke har hørt før?)

12

BECOMING A SUCCESSFUL CLINICIAN-INVESTIGATOR

Dave Sackett

I wrote this section with both the mentors and the mentored. However, my primary target is the reader who is being mentored will call "you." I hope it will also help mentors (whom I will identify their duties and evaluate their effectiveness.

I think that the determinants of your "academic success" as a investigator (defined in terms of principal investigatorship, leadership, promotion, tenure, career awards, honors, power, and reputation) are not "academic" (defined in terms of intelligence, theoretic understanding of a body of knowledge, and teaching skills) (1,2). Some investigators fail because they are crazy. Others fail because they are "prepared" to generate important questions based on the observations. However, the range of their intelligence is so com

Valo Ramlil Nesrevi:

Kunsten å svømme blant hai*

En studie i medisinsk sosiologi

Hvi skrider Menneskeheten saa langsomt frem? spurte Henrik Wergeland i 1837. En av årsakene er nok den stadige kampen mellom de to sett av krefter: de som representerer den «synlige», men svake, verden og de som representerer den sterke, men nesten «usynlige», verden. Denne strid utkjempes både på gruppeplan (de administrative systemer) og på det personlige plan (hver enkelts egotrip).

Det administrative plan

Den synlige verden er her helt klart den svakeste. Det som alle ser, er det åpne administrative system hvor illusjonene er basert på saklige argumenter. Helsevesenet utbygges f.eks etter planer som først er utredet av komitèer eller utvalg, og ender som Norges Offentlige Utredninger, bind 88, 1985. I slike innstillinger har man grundig undersøkt problemet slik det har vært i historisk tid, deretter tar man et overblikk over situasjonen i dag, og så gjør man en såkalt fremskrivning hvor man bedømmer hva som bør hende i fremtiden. Det er alltid idealistiske hovedtemaer i musikken, og bare saklige og logiske argumenter blir brukt. Helsevesenet skal inndeles i fornuftige regioner, fylkenes helsevesen skal samarbeide med regionhelsevesenet, og regionene skal samarbeide om såkalte landsfunksjoner. Det tas for gitt at sykehusadministrasjon, leger, sykepleiere, hjelpepleiere og avdelingsbetjenter, alle samarbeider ideelt til pasientens beste. Krav om bedre levekår, mer lønn, kortere arbeidstid, osv,

Den «usynlige» verden er den sterke, og den som er mest reell. Her er det tildels bitter prestisjekamp mellom gruppene. Sykepleierne vil ha mer innflytelse og krever en større del av ansvaret for pasientene for å få høyere lønn og kortere arbeidstid. Hjelpepleierne er aggressive mot sykepleierne. Avdelingsbetjentene vil «bedre levekår». Legene slåss mot de andre grupper og mot hverandre i gjenger. Den ene spesialitet kan ikke tenke seg å gi fra seg noe, og den annen spesialitet vil erobre nye felter. Fylkene kjemper seg imellom og mot Staten. Kommunene strides i hvert fylke.

Når det gjelder lovene som gjelder i slike stridigheter mellom grupper som har administrativt makt, er disse beskrevet av G D Lundberg (Managing the Patient-Focused Laboratory, Medical Economic Books, Oradell, NJ, USA) i 1976 på følgende måte (fritt oversatt):

- §1 Administrative systemer reagerer sjelden og ugjerne på saklige argumenter, men ofte på politisk eller offentlig press.
- §2 Det viktigste (men aldri omtalte) mål for ethvert administrativt system er å manipulere forholdene slik at egen virksomhet kan fortsette og øke i størrelse, betydning og makt. Dette gir økt mulighet for kontroll over andre.
- §3 Det viktigste (men aldri omtalte) mål for enhver gruppe er å beskytte seg selv og sine stillinger, øke ansvarsområdet, stige i lønn og pensjon og få flest mulig frynsegoder.
- §4 Den grunnleggende holdning er egent-

myr. Ved hvert nytt nivå blir effekten mildere og alvoret fortyntet. På overflaten synes alle nyheter gode.

§6 Et veletablert administrativt system er i stand til å bagatellisere og skjule feil, slik at ingen bestemt person eller gruppe noensinne behøver å innrømme tabber. Hvis noen har gjort noe galt, er det alltid umulig å finne den ansvarlige. Prinsippet er at hvis ingen har gjort noe galt, kan det vel neppe heller ha skjedd noe galt.

§7 Den tid det tar å bli kvitt en inkompetent medarbeider er direkte proporsjonal med styrken av vedkommendes kverulerende paranoia og evne til kontakt med massemedia og/eller styrken i hans/hennes fagforening.

Det personlige plan

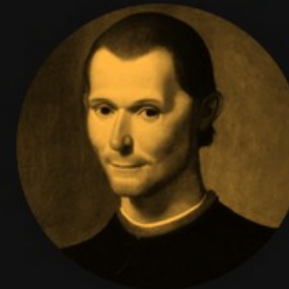
Hver enkelt person har sitt eget karrierespill. Leger, f.eks, vil gjerne få doktorgraden snarest mulig, vil stige i gradene og bli overlege eller fylkeslege eller spesialist i allmenpraksis eller kjent forsker. Denne «usynlige» verden er sterk, og her skjer det stadig personlig kamp om å komme foran i køen. Dette er helsevesenets store maraton, som sliter ut mange. Argumentasjonen er alltid fiktiv og foregår på det synlige, men svake plan.

Verst er det kanskje ved regionsykehusene som også er universitetssykehus. Prestisjekampen gjelder da ikke bare hospitalskarene, men også den akademiske side. Her kan man bli valgt inn i fakultetet, man kan bli prodekanus og dekanus, man kan bli formann i budsjettutvalget! Man kan få

JOUSTAD

◀ «SOSIOLOGI»

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“It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old conditions, and lukewarm defenders in those who may do well under the new. This coolness arises partly from fear of the opponents, who have the laws on their side, and partly from the incredulity of men, who do not readily believe in new things until they have had a long experience of them.”

THE PRINCE (1513)

NICCOLO MACHIAVELLI (1469 – 1527)

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Praktiser livslang læring - vær forberedt på karriereskifter

Odont. Fakultet (DOF)

1974-1979

Militærtannlege

1979-1982

Privat & offentlig tannlege - deltid
Instruktør preklinikk/protetikk, DOF- deltid
Grunnfag IKT, Univ. Oslo
Videreutdanning generell biologi (DOF)

1982-1984

Privatpraksis
Kløfta, Ullensaker
(1982-2005)

☎ DOF, Oral anatomi
SEM / TEM & Tannmorfologi
Data & nettverk infrastruktur
& ☎

JEOL

Arpånnet

DOF: (digital) Prosthetic dentistry & TMD (1994-1998)

☎ Kariologi (1998-2004)

☎ (spec.) Oral protetikk & funksjon (2004-2005)

☎ Spesial oral 1992

±(U-)forutsigbare endringer

1. Familieøkning
2. Endringer i arbeidsmarkedet
3. Teknologiutviklingen
4. Tilfeldigheter
5. Sjokkerende erfaringer
6. Etterspurt kompetanse
7. Dødsfall
8. An offer you couldn't refuse
9. Valg av livskvalitet & prioriteringer

☎ 2005
Protetikk (implantat-) (grunn & spesialist)

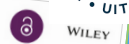


☎ 2012
Oral protetikk

☎ Clinical epidemiology & E.B. Health Care



☎ Clinical and Experimental Dental Research



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Hva bør du vite (..som du kanskje ikke har hørt før?)

Praktiser livslang læring - vær forberedt på karriereskifter

Hvordan presentere forskning for ulike målgrupper

Hvorfor peer-reviewing (fagfellearbeid) er verdifull erfaring

Hva skal en EU-søknad om prosjektf finansiering omfatte

Nok en gang fra et odontologisk forskningsmiljø i Norge Sterk internasjonal prestasjon

IADR Hatton Award



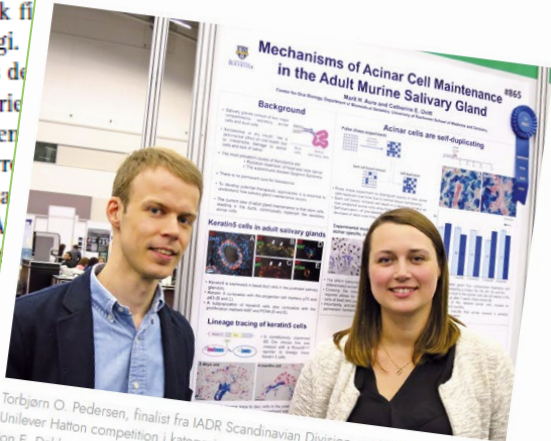
For andre året på rad har en forsker som tilhører Institutt for oral biologi (IOB) ved Universitetet i Oslo delatt i finalen i Unilever Hatton competition.

arbeidsinnsatsen som ligger bak alle forskerresultatene som presenteres er imponerende høy. Roger inngår i forskergruppen Bio-film og signalering på IOB, og arbeider i øyeblikket «Crosstalk»

Roger Junges delto på konkurransen som ble arrangert i Boston under årsmøtet i The Association for Dental Research. Man kan uten sammenligning si at finalen på Unilever Hatton er som en olympisk finale innen odontologi.

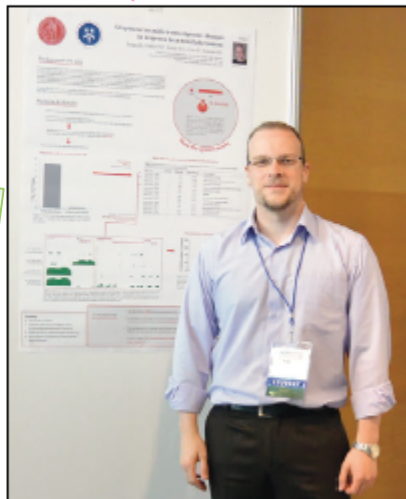
Roger Junges deltok i den hardeste kategorien Senior Basic Sciences Research i gruppen konkurranse og andre vinnerne av den Divisional Award. Roger kvalifiserte seg til å vinne i Dubrovnik

Norsk basalforsker var best



Torbjørn O. Pedersen, finalist fra IADR Scandinavian Division, og Marit Høyberg Aure, vinner av IADR Unilever Hatton competition i kategorien senior basic sciences research foran Marits flotte poster. Foto: Jon E. Dahl

Norge fikk i sommer en ny verdensmester innen odontologisk basalforskning. Vinneren heter Marit Høyberg Aure, og seieren ble behørig feiret under årsmøtet i The International Association for Dental Research (IADR) i Cape Town, Sør-Afrika i juni. I knivskarp konkurranse med 37 andre finalister under årets IADR Unilever Hatton competition vant Marit førsteprisen i kategorien senior basic sciences research. Denne kategorien er den desidert gjeveste, i forhold til kategoriene senior klinisk, samt junior basal- og klinisk forskning.



Roger Junges, vinner av IADR Unilever Hatton Nordic Divisional Award i Dubrovnik, 2014 og finalist i Unilever Hatton competition i Boston 2015, i kategorien senior basic sciences research. Foto: Ingvild Midtervoll.

Last ned PDF

Clinical and Experimental
Dental Research



WILEY

[Clin Exp Dent Res](#). 2016 Nov; 2(2): 83–84.

PMCID: PMC5839208

Published online 2016 Nov 29. doi: [10.1002/cre2.47](#)

PMID: [29744153](#)

The young scientist's guide to win the award for best presentation

[Asbjorn Jokstad](#), Editor-in-chief¹

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I have had the pleasure to partake numerous times in judge panels in competitions for young scientists, and will encourage all senior colleagues to volunteer for such tasks. These commitments are great opportunities to learn about the latest cutting-edge research from the select brightest and best scientists, and it is wonderful to experience their energy and enthusiasm when asked to explain about particular aspects of their ongoing research. Occasionally, judge panels fail to agree on the winner and sometimes even to select the three best presenters. The flip perspective is that the remaining finalists usually remain ignorant of why they were not shortlisted, some may be disappointed and a few even disillusioned. Please do not. This editorial may hopefully provide some guidance in preparation for your next competition. Admittedly, there are no cookbook recipes for how to proceed to win. Moreover, my advices are biased by my own academic training and experiences. Hence, other sources on the subject should also be consulted.

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Ranger følgende ti momenter etter deres betydning

ⓘ Start presenting to display the poll results on this slide.

Avgitte svar



Anbefalte formater for abstracts

RESEARCH METHODS AND REPORTING

Preferred reporting items for journal and conference abstracts of systematic reviews and meta-analyses of diagnostic test accuracy studies (PRISMA-DTA for Abstracts): checklist, explanation, and elaboration

DOI: [10.1136/bmj.n265](https://doi.org/10.1136/bmj.n265)

CLINICAL TRIALS SHORT COMMUNICATION
Abstracts presented at the American Society of Clinical Oncology conference: how completely are trials reported?
Clinical Trials 2005; 2: 265–268

Neurology and Urodynamics 24:21–24 (2005)
The Reporting Quality of Abstracts of Randomised Controlled Trials Submitted to the ICS Meeting in Heidelberg

Canadian Medical Association Journal
Copyright 1994 by the Canadian Medical Association.
Volume 150(10) May 15, 1994 pp 1611-1615
Quality of Nonstructured and Structured Abstracts of Original Research Articles in the British Medical Journal, the Canadian Medical Association Journal and the Journal of the American Medical Association

More Informative Abstracts Revisited*
R. BRIAN HAYNES, M.D., Ph.D.
CYNTHIA D. MULROW, M.D., M.Sc.
EDWARD J. HUTH, M.D.
DOUGLAS G. ALTMAN, B.Sc.
MARTIN J. GARDNER, Ph.D.
Following proposals in 1987 and 1988, several medical journals have provided more informative abstracts ("structured abstracts") for articles of clinical interest.

FOR YOUR INFORMATION: These are Guidelines for Abstract Review to be used by Group Program Chairmen and Reviewers

"A speech is a solemn responsibility. The man who makes a bad 30-minute speech to 200 people wastes only a half hour of his own time. But he wastes 100 hours of the audience's time—more than four days—which should be a hanging offense."
(Jenkin Lloyd Jones, General Features Corp.)

Following are guidelines to help in reviewing abstracts, to call attention to points which should be considered, and to try to provide some uniformity in the review system. In the final analysis, it will be the reviewer's judgment of the value of any abstract which must determine whether that abstract should appear on the program.

Review each abstract from the standpoint of subject matter and scientific merit as to its suitability for inclusion in the program.

The abstract should contain the following information:

- (1) the objective of the investigation
- (2) methods employed
- (3) results:
 - (a) data
 - (b) statistical analysis (where appropriate)
- (4) conclusions

From the abstract, the following points should be assessed:

1. Is the paper appropriate for an IADR/AADR Meeting?
2. Is the paper well-organized?
3. Is the required information (*i.e.*, as listed above) given in the abstract?

Concerning the OBJECTIVE:

4. Is the nature of the problem explicit?
5. Is the problem well-defined? Is it an important problem, or is it too trivial to be included in the program?
6. Are well-defined criteria given to evaluate variables?
7. Have control groups been given? [There should be no question about the choice of controls.]

Concerning the METHODS, consideration should be given to the following points:

8. Are the methods given?
9. Are the data adequate? Are quantitative results presented?
10. If the results given are descriptive, could they have been quantified, or are they adequate?
11. Are the methods to obtain the data appropriate with respect to the stated problem?
12. Are the methods sufficiently precise to provide the accuracy needed for the particular measurements? (*i.e.*, variations are greater than the limits of error for the method)
13. Does the sampling method contain inherent discriminatory factors?
14. Is the sample size sufficient to show significant conformity or differences? Is the sample size stated?
15. Are the initial premises (assumptions) and methods confirmed by the measurements (facts or data) and interpretation (conclusion)?

Concerning the CONCLUSIONS:

16. Are the conclusions clear?
17. Do the conclusions follow as a consequence of the method of analysis applied to the data?
18. Are the conclusions adequately qualified?
19. Are the correlations correct?

Based on these questions, grade the abstract from 1 (outstanding) to 5 (poor).

In addition, please consider these points:

1. Abstracts from authors of the same institution on closely related aspects of the same research should be combined into a single paper.
2. Is this original research, *i.e.*, research that has not been previously published or presented at other meetings?
3. Language of the abstract should not be "abstract" (as translated into English).
4. Is the research sufficiently close to completion in order to be ready to be included on the program?

A Brief Guide To The Abstract In Health Sciences

A. What is an Abstract?

An abstract is a brief summary which condenses in itself the argument and all the essential information of a paper.

An abstract allows the reader to survey the contents of a document quickly and decide whether to continue reading. It needs to be dense with information but also readable, well-organized, brief, and self-contained.

Abstracts are generally 100-250 words, though a thesis or conference abstract may be up to 400 words.

A conference paper may have an audience of a few dozen; the audience for a journal paper may be hundreds to thousands. An abstract, though, has a life of its own in electronic databases around the world. Like a title, it is used by abstracting and information services to index and retrieve articles. Thus, for every person who hears or reads a paper, hundreds will read the abstract.

An abstract competes for attention in a global ocean of literature—it's worth spending some quality time on writing it.

B. What Goes Into an Abstract?

For a **research paper**, an abstract typically answers these questions:

Purpose:	What is the nature of your topic/study and why did you do it?
Methods:	What did you do, and how?
Results:	What were your most important findings?
Conclusions:	What can you logically conclude through analysis of your data?
Relevance:	How do your findings relate to the theory or practice of your field, or to future research? Do you have any recommendations?

For a **methods paper**, an abstract typically answers these questions:

Name:	What is the name or category of the method, apparatus, or material? If this is an improved version of an existing method, say so.
Purpose:	What is the major reason for developing this method? State the purpose in the form "for doing X" or "to do X."
Features:	What are its key features, how does it work, or both?
Relevance:	Why is this method needed?
Tests:	How was it tested?
Evaluation:	How well did it work?

asbjorn.jokstad@uit.no

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Anbefalninger for konferanse-presentasjon

Making presentation

A. PARAMESWARAN, B.SC., M.D.S.*

- *1. Once you have written your speech, cut it, cut it, and cut it.
2. Group similar ideas together to establish themes.
- *3. Make sure that the audience leaves the venue, feeling informed.
4. Always remember to talk to your audience, rather than at them.
5. Involve your audience in the presentation as much as possible.
- *6. Visit the venue in advance to become familiar with its layout.
7. Compile a schedule of preparation for the day.
- *8. Take work with you to occupy journey time.
- *9. For every hour of presentation, put aside 10 hours for preparation.
10. Confirm all the details of the event in writing with the organizer.
11. Always check the expertise of guest speakers carefully.
12. Research your audience before sending invitations to a presentation.
13. Assess all details of a venue, no matter how minor they may appear.
14. Locate the light switches so that, if necessary, you can dim the lights to use your visual aids.
15. Decide on the positioning of any visual aids well in advance.
16. Plan in advance how you will make your exit.
17. Ensure that you know how the public address system functions.
18. Keep spare seats in reserve for any late comers.
19. Structure your speech around three or four main points.
- *20. Keep the audience interested by including a few relevant anecdotes.
- *21. Make sure you deliver the main concepts of your presentation clearly.
- *22. Summarize your main points in one sentence.
23. Keep your main objectives in mind while researching your material.
24. Try different sources to see which you find the most helpful.
25. Do not ignore a good source just because the information is not immediately accessible to you.
26. Decide how many points you intend to make in your presentation.
- *27. Make sure that your presentation ends on a strong positive point.
28. Clearly define the end of one point and beginning of the next in the structure of your speech.

29. Do not change the tone of your voice too often; this can sound false.
30. Remember that writing a speech is different from hearing it read.
31. Find different ways for expressing the same idea. Use the most natural one.
32. Be particular about what you include in the presentation.
- *33. Make sure the written structure of your presentation is not too complex, or it may be confusing.
- *34. Print your speech on one side of the page only, and use a large typeface.
35. Always number the pages of a full written speech.
36. Make notes on firm paper or index cards.
- *37. Always rehearse your presentation using your chosen audio-visual aids.
38. Pause when your first ask your audience to look at a visual aid.
39. Number your slides to avoid any confusion.
- *40. Use cartoons to make serious points lighter.
- *41. Write notes on the frames of overhead projector slides.
- *42. Take duplicates of all audio-visual materials that you know you cannot do without in your speech.
43. Practice losing your place in your script or notes - and finding it again.
44. Practice speaking clearly both in normal tones and at volume.
45. Vary the pace of your speech, and decide which pace is most effective.
- *46. An audience is your ally. Its members want to learn from you.
47. Behave naturally, and an audience will be warm to you.
48. Think of a large audience as if it were a small group.
49. Study yourself in a mirror to see what impression you make.
- *50. Do not wear anything that may distract the audience.
51. Keep your hands out of your pockets during the presentation.
52. Make sure your body language reflects what you are saying.
- *53. Learn to relax your facial muscles - and smile !
54. Always wear comfortable shoes when presenting.
55. Make sure your hair does not fall across your face.
56. Suck a mint or honey-flavored sweet just before you begin to speak.
57. Consider doing yoga exercises to improve the diction

Dr. Taylor's Tips For Effective Oral Presentations

I What You Present

1. Focus on the critical points. You can amplify during the question period.
2. Content should be self-explanatory or should be explained.
3. Define specialized terminology that you believe will not be known to your audience.
4. Announce your graphics.
5. Slides should be visually interesting but not overwhelming:
 - Use bulleted points and parallel constructions [test 1...test 2]
 - Use an Arial font, at least 16 point, **bolded**
 - For tables/figures, make sure the reproduction is clear and dark
 - Don't overcrowd but do fill the frame
 - Don't overdo multiple colours & whizzing objects. Using two colours based on the same primary (red, yellow, blue) will disadvantage viewers who are colour blind.
6. Principle of emphasis: place the most important material first and come back to it at the end.
7. Use headings and repetition to make your organization clear.
8. Use numerical listings [Our first experiment...].
9. Use wording that establishes a hierarchy of importance [Our most important result...].

II How to Present

1. Here are the things I consider:

- what is the physical space like [size, shape, seating, lighting, acoustics]? Where am I standing within that space?
- microphone? what kind [podium, stem, clip-on, whole area wired?]
- equipment? how
- can I go in ahead

A Guide To Posters: Design And Presentation

Do's and Don'ts of Poster Design

1. Follow conference guidelines for dimensions and materials
2. Choose an overall layout that suggests an arrangement of communication areas. Some options are:
 - left-to-right flow of information in vertical columns
 - two fields in contrast
 - left-to-right flow in horizontal rows
 - a centered image surrounded by text, tables and figures
3. Leave sufficient white space
4. Label figures and tables clearly
5. Use large typeface. The following point sizes are recommended:

96 point title
24-36 point for subtitles
Minimum 18 point for text.

6. Don't use more than two fonts throughout. Also, don't mix serif and sans serif fonts:
Times New Roman Arial
7. Be creative, but don't overdo the formatting to the extent that it obscures the information.
- 8. DO NOT WRITE ALL IN CAPITALS. IT IS IRRITATING.**

Guidelines for a scientific presentation

Carl E. Rieder, DDS*

University of Southern California, School of Dentistry, Los Angeles, California.

Guidelines for a projected scientific presentation can assist the speaker in preparing an effective audiovisual presentation. This article highlights the factors that improve the quality of an audiovisually assisted presentation and enhance successful communication. (J PROSTHET DENT 1992;68:702-7.)

asbjorn.jokstad@uit.no

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Hva bør du vite (..som du kanskje ikke har hørt før?)

Praktiser livslang læring - vær forberedt på karriereskifter

Hvordan presentere forskning for ulike målgrupper

Hvorfor peer-reviewing (fagfellearbeid) er verdifull erfaring

Hva skal en EU-søknad om prosjektfinansiering omfatte

GJ.GANG. SLIDO SPØRSMÅL

PAUSE – 5min

Hvorfor arbeide som peer-reviewer

1. Du vet ikke hva du ikke vet før du påtar deg peer-review oppdrag. Å kunne utforme konstruktive tilbakemeldinger - uavhengig av om man er enig eller uenig i innhold - krever ærlig intellektuel egeninnsats.
2. Fra first manuscript submission til publikasjon kan det ta lang tid – som peer reviewer får man ny kunnskap lenge før andre. Innen noen forskningsfelt kan kunnskapen gi fordeler mht prosjektsøknader.
3. Du blir bedre forberedt til å imøtekomme / imøtegå peer reviews av dine egne manuskripter
4. Institamenter, noe variasjon avhengig av publisher
 - Gratis online tilgang på publishers tidsskrift (i n antall dager/uker) – e.g. Elsevier / Wiley
 - Redusert pris på kjøp av ulike produkter – e.g. Quintessence
 - doi-nummer (dvs kan bli registrert som selvstendig publikasjon)
 - Continuing education poeng (ADA CERP) – e.g., operative dentistry
5. Kan bli registrert Clarivate Web of Science (Inntil nylig Publons)
 - Åpne eller lukkede peer-reviews iflg. publisher policy



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Jokstad, Asbjørn ✓

(Jokstad, Asbjorn)

Top peer reviewer

UiT - The Arctic University of Norway, University of Tromsø

Web of Science ResearcherID: C-8743-2012

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Published names ⓘ Jokstad, Asbjorn Jokstad, A Jokstad, A. Jokstad, Asbjorn

Organizations ⓘ

2014-2021	UiT The Arctic University of Tromsø
2006-2018	University of Toronto
2017-2017	CEDR
2009-2009	Amer Dent Assoc
2005-2005	FDI World Dent Fed
1989-2005	University of Oslo Show less

Awards Download

- Top reviewers in Clinical Medicine - September 2018
- Top reviewers for University of Tromsø (Agricultural and Biological Sciences) - September 2017
- Top reviewers for Norway - September 2017 [Show less](#)

Other Identifiers ⓘ <https://orcid.org/0000-0002-5902-4520>

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371 Verified Peer Reviews	455 Verified Editor Records
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Hvordan presentere forskning for ulike målgrupper

Hvorfor peer-reviewing (fagfellearbeid) er verdifull erfaring

Hva skal en EU-søknad om prosjektf finansiering omfatte



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Avgitte svar

 Navngi Horizon Europe forskningsstøtte-program (flere svar er mulig) 3  

-  Anonymous
Horizon 2000
-  Anonymous
ERC, Marie Curie,
-  Anonymous


[Edit](#)

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- Civil Security for Society
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European innovation ecosystems

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Widening participation & spreading excellence

Reforming & Enhancing the European R&I system

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€10 billion

European innovation ecosystems

- Connecting with regional and national innovation actors

€520 million

European Institute of Innovation and Technology (EIT)

- Bringing key actors (research, education and business) together around a common goal for nurturing innovation

€2.9 billion

* The European Institute of Innovation & Technology (EIT) is not part of the Specific Programme

EIC Pathfinder Open

(..eller kanskje challenge)

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EIC Pathfinder

Support to research teams to research or develop an emerging breakthrough technology

PAGE CONTENTS

[About](#)[EIC Work Programme 2022](#)[Funding opportunities](#)

About

What can you expect as part of EIC Pathfinder?

With its Pathfinder programme the EIC supports the exploration of bold ideas for radically new
risk / high gain and interdisciplinary cutting-edge science

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EIC Pathfinder Open

What can you expect as part of EIC Pathfinder?

With its Pathfinder programme the EIC supports the exploration of bold ideas for radically new technologies. It welcomes the high-risk / high gain and interdisciplinary cutting-edge science collaborations that underpin technological breakthroughs.

Pathfinder goes beyond what is already known. Visionary thinking can open up promising avenues towards powerful new technologies.

Applicants participating in EIC Pathfinder projects are typically visionary scientists and entrepreneurial researchers from universities, research organisations, start-ups, high-tech SMEs, industrial stakeholders interested in technological research and innovation.

Projects typically involve consortia of researchers and other partners from at least three different countries, but there are also opportunities for individual teams and small consortia (two partners)

Grants of up to 3 to 4 million euro support early stage development of future technologies (e.g. various activities at low Technology Readiness Levels 1-3), up to proof of concept. Pathfinder projects can also receive additional funding for testing the innovation potential of their research outputs.

EIC Work Programme 2022

The EIC Work Programme opens funding opportunities worth over €1.7 billion in 2022. For the EIC Pathfinder, €350 million is available for multi-disciplinary research teams to undertake visionary research with the potential to lead to technology breakthroughs.

European Innovation Council Pathfinder Open

Submitted proposals | Deadline 4 May 2022

863
PROPOSALS SUBMITTED

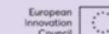
Up to €3 million
AVERAGE EU GRANT

58
COUNTRIES

5202
PARTICIPANTS

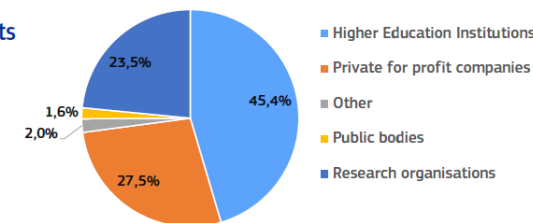
€183 million
ESTIMATED BUDGET

RESULTS
AUTUMN 2022



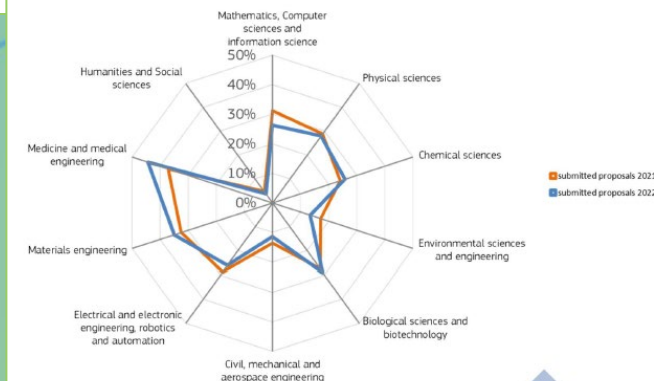
Participants profile in submitted proposals PATHFINDER OPEN 4 May 2022 cut-off

5.202
participants



1.054 SMEs
(20,3%)

Disciplines coverage in submitted proposals PATHFINDER OPEN 04 May 2022 cut-off



[European Commission](#) > ... > [Calls for proposals](#) >

EIC Pathfinder Challenge: Towards the Healthcare Continuum: technologies to support a radical shift from episodic to continuous healthcare

CALL FOR PROPOSALS | [Open](#)

EIC Pathfinder Challenge: Towards the Healthcare Continuum: technologies to support a radical shift from episodic to continuous healthcare

PAGE CONTENTS

[Details](#)[Description](#)[Specific objectives](#)[Expected outcomes and impacts](#)[Specific conditions](#)[How to apply](#)

Details

Status	OPEN
Reference	HORIZON-EIC-2022-PATHFINDERCHALLENGES-01
Publication date	10 February 2022 in Funding & tender opportunities portal >
Opening date	16 June 2022
Deadline model	Single-stage
Deadline date	19 October 2022, 17:00 (CEST)

Description

Today, episodic (symptom-triggered) healthcare remains the norm. To a large extent, individuals are entrusted with the responsibility to self-monitor and trigger requests to the health system upon identification of relevant symptoms. In spite of the growing number of screening programmes, the

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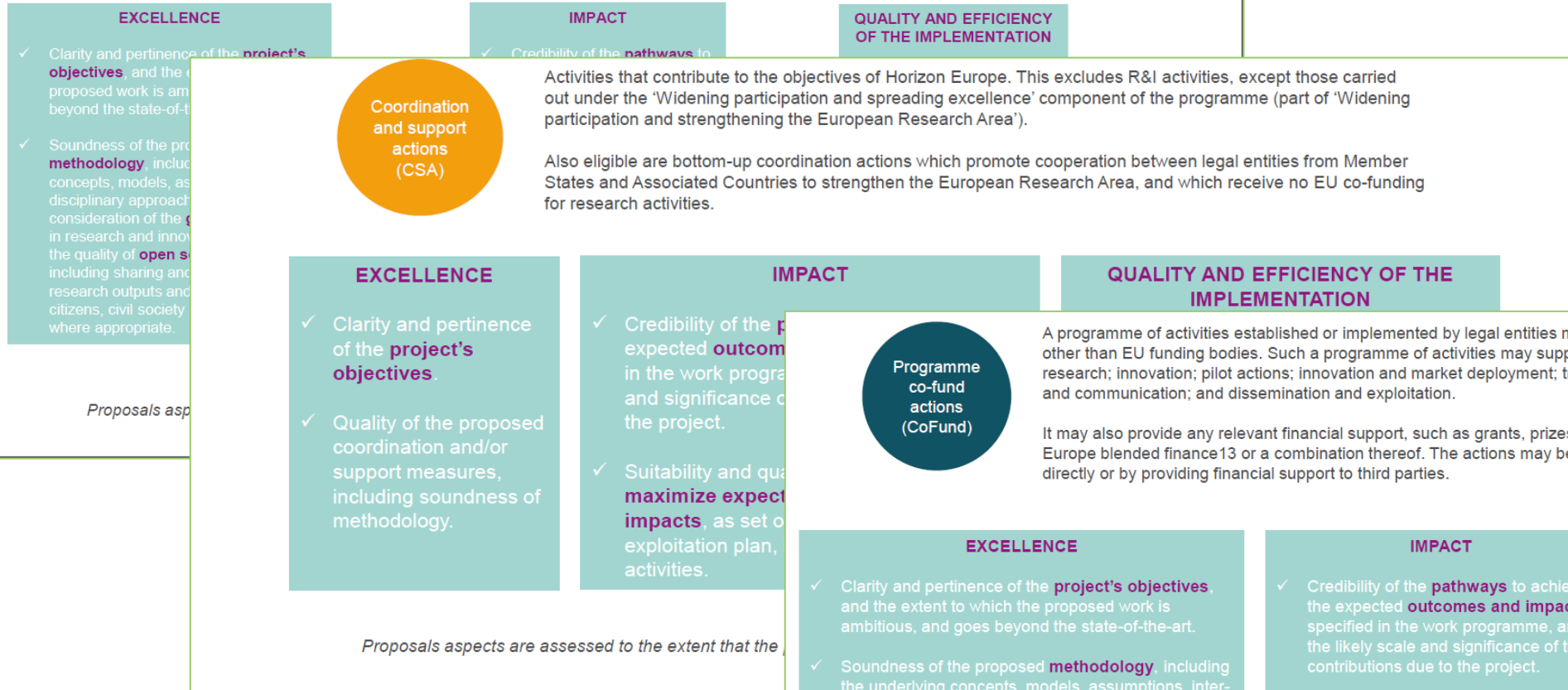


Evaluation criteria (RIAs and IAs)

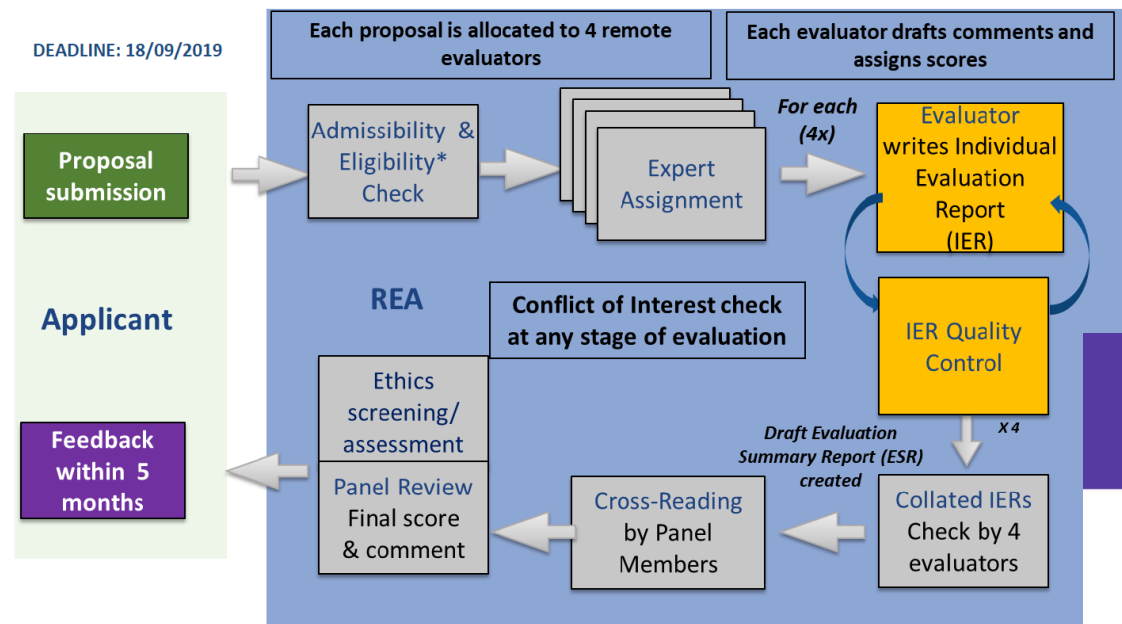
Research and Innovation Action (RIA)

Action primarily consisting of activities to establish new knowledge and/or explore feasibility of new or improved technology, product, process, service or solution

- May include basic and applied research, technology development and integration, testing and validation on small-scale prototype in laboratory or simulated environment
- Projects may contain closely connected but limited demonstration or pilot activities to show technical feasibility in a near to operational environment



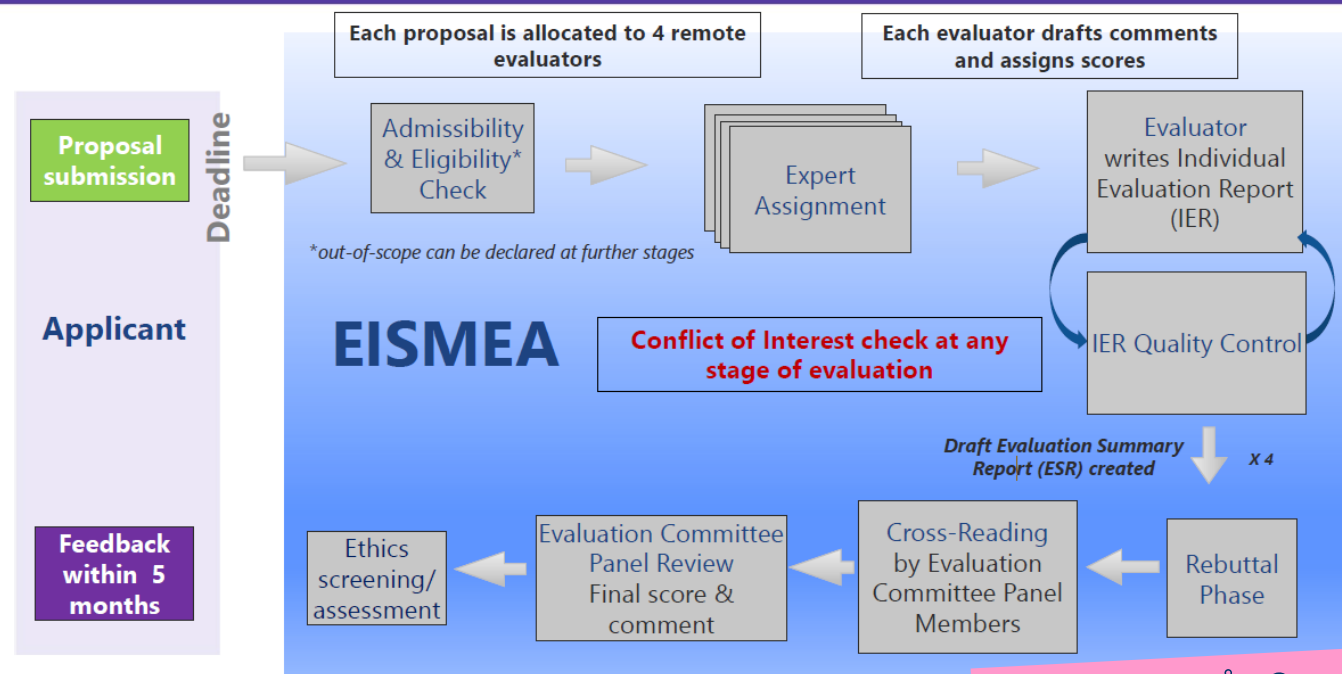
1. FET Open RIA evaluation process



*out-of-scope can be declared at further stages

Pathfinder OPEN – Entire Evaluation process

European Innovation Council



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Dashboard Proposals Documents Active Tasks **All Tasks**

Call Panel Task Proposal Acronym Status Owner Threshold

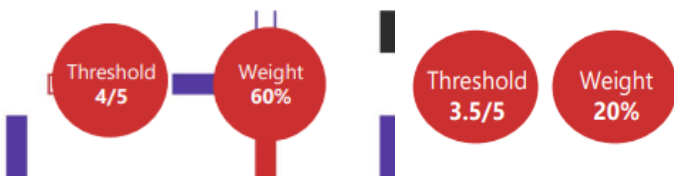
Panel	Task	Proposal	Acronym	Status	Owner	Deadline
CLUSTER-B	Read Proposal	899651	3D EP	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899426	BIOMAG3D	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899669	BodyDust	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899597	CLOBUSTER	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899256	CUSTOME-P	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	892476	DEEPPARK	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899295	DETECTintNANO	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899790	IMPACT	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899699	IsoSepsis	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	882714	PiezoBots	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899326	PRINTSENSKIN	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899589	REGENERIT	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899726	SMILE	Cancelled	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	897944	SMoIF	Cancelled	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899763	SoftFoot	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	899165	UltraImplant	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-B	Read Proposal	882277	VirtOS	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00
CLUSTER-A	Read Proposal	899827	ZebraTech	Finished	JOKSTAD Asbjorn	04 Dec 2019 17:00

Displaying 1 to 18 of 18

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4.6. FET-Open (RIA) EVALUATION CRITERIA

Excellence	Impact	Quality and efficiency of the implementation
<p>Adherence to the "FET gatekeepers" as described in the call text:</p> <ul style="list-style-type: none"> Clarity of the radical vision of a science-enabled technology and its differentiation from current paradigms. Novelty and ambition of the proposed science-to-technology breakthrough that addresses this vision. Range of and added value from interdisciplinarity for opening up new areas of research; non-incrementality of the research proposed. High-risk, plausibility and flexibility of the research approach. 	<ul style="list-style-type: none"> The extent to which the outputs of the project would contribute to the expected impacts listed in the work programme under this topic. Effectiveness of measures and plans to disseminate and use the results (including management of IPR) and to communicate about the project to different target audiences. 	<p>The following aspects are taken into account:</p> <ul style="list-style-type: none"> Coherence and effectiveness of the research methodology and work plan to achieve project objectives and impacts, including adequate allocation of resources to tasks and partners. Role and complementarity of the participants and extent to which the consortium as a whole brings together the necessary expertise
<p>Threshold: 4/5 Weight: 60%</p>	<p>Threshold: 3.5/5 Weight: 20%</p>	<p>Threshold: 3/5 Weight: 20%</p>



The evaluation form includes:

- Main part with the three **evaluation criteria**:
 - Criterion 1 – **Excellence** (4 sub-criteria, 1 score)
 - Criterion 2 – **Impact** (3 sub-criteria, 1 score)
 - Criterion 3 – **Quality and efficiency of the implementation** (3 sub-criteria, 1 score)

Each criterion includes the '**aspects to be taken into account**'. The same aspect is not incl in different criteria, so that it is not assessed twice.

- 8 Additional questions**



Interpretation of the scores



- 0** The proposal **fails to address the criterion** or cannot be assessed due to missing or incomplete information.
- 1** **Poor.** The criterion is inadequately addressed, or there are serious inherent weaknesses.
- 2** **Fair.** The proposal broadly addresses the criterion, but there are significant weaknesses.
- 3** **Good.** The proposal addresses the criterion well, but a number of shortcomings are present.
- 4** **Very Good.** The proposal addresses the criterion very well, but a small number of shortcomings are present.
- 5** **Excellent.** The proposal successfully addresses all relevant aspects of the c Any shortcomings are minor.

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Individual Evaluation Reports - merged view

Scores

By	Total score	Excellence (60%)	Impact (20%)	Implementation (20%)
Expert [redacted]	3.70	3.5 / 5.0	4 / 5.0	4 / 5.0
Expert [redacted]	4.50	4.5 / 5.0	4.5 / 5.0	4.5 / 5.0
Expert [redacted]	3.90	3.5 / 5.0	4.5 / 5.0	4.5 / 5.0
Expert [redacted]	3.80	4 / 5.0	3.5 / 5.0	3.5 / 5.0

Criterion 1 - Excellence

Expert: Gunn Geisler [redacted]

Your score:

3.5

Adherence to the "FET gatekeepers" as described in the call text:

Clarity of the radical vision of a science-enabled technology and its differentiation from current paradigms.

UltraImplant is a very clear vision for the simultaneous use of ultrasound to diagnose and stimulate osseointegration. The paradigm of combining a THERApeutical with a diagnostic is considered a promising solution for the treatment of diseases where improved monitoring of therapeutic efficacy is of great value. The proposed vision of this science-enabled technology is thus not a fundamentally new paradigm, and corresponding theranostic approaches have already been realized in other medical fields (e.g., oncology). One clinically relevant example is the continuous subcutaneous insulin infusion and glucose monitoring system in diabetic patients. UltraImplant is therefore a promising vision to establish this existing paradigm of a theranostic in dental surgery and orthopedics.

Novelty and ambition of the proposed science-to-technology breakthrough that addresses this vision.

The simultaneous use of ultrasound for diagnosis / prognosis and therapeutic intervention is very interesting and combines very well the most recent scientific findings in this area, which, however, limits its novelty. The use of pulsed low intensity ultrasound (LIPUS) to stimulate osseointegration has been successfully demonstrated in animal models. In addition, LIPUS is already being used in clinical practice to promote the healing of patients with bone fractures. Other studies also showed that the use of quantitative ultrasound is a promising method for predicting the stability of dental implants and is superior to other approaches. UltraImplant excellently combines this knowledge into a medical device that supports therapeutic decision-making and provides targeted treatment. The proposed science-to-technology breakthrough remains ambitious, but represents the next logical step in the technological evolution of this ultrasound-based approach.

Range of and added value from interdisciplinarity for opening up new areas of research; non-incrementality of the research proposed.

The project idea uses the latest findings in medicine, bioinformatics and engineering to develop of a PoC device for the control and stimulation of endosseous implants. The proposed research therefore represents a very promising direct approach to combine and incrementally improving the two existing ultrasound-based technologies in a PoC device. The proposed targeted improvements of existing technology are still challenging because they require a high level of multidisciplinary expertise. The proposed scientific research approach has the necessary interdisciplinarity that is required to develop such an improved solutions and has also the potential to further advance the research fields of dental, orthopedic and orthopedic surgery.

High-risk, plausibility and flexibility of the research approach.

The overall project and the proposed research has a medium risk of failing. The prediction of the implant result based on modeling and simulation is challenging, but the preliminary data exist and are very promising. Whether optimal patient-specific LIPUS parameters can actually be implemented or whether LIPUS stimulation generally improves osseointegration have to be shown during the project. LIPUS is currently used to stimulate bone fracture healing of patients, but their effect is considered inconclusive.

In the case that LIPUS stimulation does not affect the bone-implant interaction, the project is still able to develop an innovative diagnostic device. The research strategy is very plausible and straight-forward, suggesting that the proposed vision can be achieved, but restricts the flexibility to seek alternative solutions to major Problems.

Expert: Adriane DRINA-MELLO [redacted]

Your score:

4.5

Adherence to the "FET gatekeepers" as described in the call text:

Clarity of the radical vision of a science-enabled technology and its differentiation from current paradigms.

The consortium partners presented the disruptive vision of developing a new field of science and technology where they have already developed science-enabled technology. The model-based theranostic principle is demonstrated in all its constitutive parts from the technical engineering to the clinical decision making and support to the patients. The partners also provide a clear vision on how their vision will revolutionise the endosseous implant industry to the benefit of each patient toward a personalise solution. This is there demonstrated by the assessment of the intervention, the definitions of the parameters to interplay and the means to assess the performance of the implant as the failure of the latter can be attributed with many patient-specific aspects which need to be measured at the time of the intervention. The partners are aware of the current existing solutions, will benchmark against it during the planned clinical trials. This will go beyond the current paradigm.

Novelty and ambition of the proposed science-to-technology breakthrough that addresses this vision.

UltraImplant consortium will bring a disruptive approach patient-driven as a combination of technologies and decision making tools which will unprecedented in dental implantology. The basic technology demonstrated by the partners are more sensitive than existing ones. Combined with predictive in silico tools it also enable the modification of the course of action through adaptable stimulations of the bone as part of the osseointegration with the implant. The ambition presented is the identification of the quantitative dose/s of ultrasound as low-intensity pulsed wave delivered to patient under cure will be key for the success of the dental cure. This approach extensively demonstrated in all details as a science-driven breakthrough where the partners cross-developed their time of interaction and contributions.

Proposal Acron	CROSS READER	EXPERT CRITERION	SCORE CR	EXPERT CRITERION	SCORE CR	EXPERT CRITERION	SCORE CR	
VirtOS	JOKSTAD	VER	3	VER	3,5	VER	3	
PiezoBot	JOKSTAD	I	4,5	I	5	BI	4	
DEEPSP	JOKSTAD	D DEL	4,5	D DEL	5	D DEL	4,5	
SMoIF	JOKSTAD	E AR	2	E AR	2	E AR	1	
UltraSimp	JOKSTAD	M IC	3,5	GE MAN	3,5	GE MAN	3,5	
CUSTOM	JOKSTAD	BLI OYA	3,5	BLI OYA	4,5	M ERO	4	
DETECTi	JOKSTAD	D G	4	DA DA-	4	D DA-	3,5	
PRINTSE	JOKSTAD		3,5		4	L	4	
BIOMAG	JOKSTAD	C er	3,5	C er	4	ler	3,5	
REGENE	JOKSTAD		4		3,5	th	4	
CLOTBUS	JOKSTAD		4	D RA	4,5	CH	4	
BodyDust	JOKSTAD		3,5		4	IK	3,5	
IsoSepsis	JOKSTAD	TS NIS	3,5	TS NIS	4	T ANIS	4,5	
SMILE	JOKSTAD	M IC	2,5	M IC	2,5	PE	3	
SoftFoot	JOKSTAD	TE A DE	3,5	TE A DE	3,5	TE A DE	4	
IMPACT	JOKSTAD	M UR	3,5	M UR	3,5	UR	3	
ZebraTec	JOKSTAD		3,5		4	EN	3	

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Task Details

Task Review ESR
Acronym UltraSimplant
Proposal 899165
Documents Part A
 Technical Annex Section 1-3
 Technical Annex Section 4-5
Status ELIGIBLE
Panel CLUSTER-B
Call H2020-FETOPEN-01-2018-2019-2020_18-09-2019
Deadline 17 January 2020 23:59
Task Status Finished
Task Owner Iria RIO ECHEVARRIA

Task Comments

Expand comments >

Last 3 of 3 comments

Asbjorn JOKSTAD (03/Jan 12:08) - Dear colleagues Happy New Year to all. Please find a draft of the panel comments. All suggestions for change of text are welcomed. Best, asbjorn jokstad The panel agrees with the majority of the experts that the proposal aimed to develop a model-based theranostic approach by monitoring and possibly enhancing the osseointegration of dental implants by the use of low-intensity ultrasound addresses a clear vision. The panel also recognizes that the technology concept does not challenge current paradigms since similar approaches are already realized in other medical fields. The panel shares the view of the experts that the proposal targets, to some extent, a novel and ambitious science-to-technology breakthrough with a clear technological objective. Pulsed low-intensity ultrasound in the jaws has been studied with regards to stimulating healing following tooth extractions and in combination with distraction surgery, during orthodontic tooth movements and dental implants. The panel agrees that the proposal is ambitious and interdisciplinary, but is not wholly convinced that it is likely to achieve the technological breakthrough and open up new areas of investigations. There is also some uncertainty about whether the criterion of non-incrementality is completely satisfied. The panel agrees with the experts that the anticipated outputs of the project can contribute to the expected impacts listed in the work programme under this topic. However, the panel recognizes the comment made by one of the experts that although the new device may provide a better assessment of implant osseointegration failure, the LIPUS element of this device may not necessarily prevent this failure. The measures and plans to disseminate and use the results, including the management of intellectual property rights and to communicate about the project to different target audiences, is compelling. The research methodology and work plan to achieve project objectives and impacts, including adequate allocation of resources to tasks and partners, is coherent and effective, and the participants in the consortium have complementary roles that bring together the necessary

Evaluation Summary Report - Research and innovation actions

+ Criterion 1 - Excellence

Current score: 3.75 / 5.0 ; Threshold 4; Weight 60% ; Priority 1

+ Criterion 2 - Impact

Current score: 4.0 / 5.0 ; Threshold 3.5; Weight 20% ; Priority 2

+ Criterion 3 - Quality and efficiency of the implementation

Current score: 4.0 / 5.0 ; Threshold 3; Weight 20% ; Priority 3

+ Scope of the proposal

Current status: Yes

+ Operational Capacity

Current status: Operational Capacity: Yes

+ Exceptional funding of third country participants/international organisations

+ Use of human embryonic stem cells (hESC)

+ Panel comments on proposal

+ Proposal minutes at the panel stage

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Merge Individual Reports

Individual Evaluation Reports - merged view

Scores

By	Total score	Excellence (60%)	Impact (20%)	Implementation (20%)
Expert: [redacted]	3.70	3.5 / 5.0	4 / 5.0	4 / 5.0
Expert: [redacted]	4.50	4.5 / 5.0	4.5 / 5.0	4.5 / 5.0
Expert: [redacted]	3.90	3.5 / 5.0	4.5 / 5.0	4.5 / 5.0
Expert: Eile	3.80	4 / 5.0	3.5 / 5.0	3.5 / 5.0

- Criterion 1 - Excellence

Threshold 4 Weight 60%

+ Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]

- Criterion 2 - Impact

Threshold 3.5 Weight 20%

+ Expert: Sven Geisler
 + Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]

- Criterion 3 - Quality and efficiency of the implementation

Threshold 3 Weight 20%

+ Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]

- Scope of the proposal

+ Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]

- Operational Capacity

+ Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]
 + Expert: [redacted]

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Task Details

Task	Review ESR
Acronym	UltraImplant
Proposal	899165
Documents	Part A Technical Annex Section 1-3 Technical Annex Section 4-5
Status	ELIGIBLE
Panel	CLUSTER-B
Call	H2020-FETOPEN-01-2018-2019-2020_18-09-2019
Deadline	17 January 2020 23:59
Task Status	Finished
Task Owner	Iria RIO ECHEVARRIA

Task Comments

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Last 3 of 3 comments

Asbjorn JOKSTAD (03/Jan 12:08) - Dear colleagues Happy New Year to all. Please find a draft of the panel comments. All suggestions for change of text are welcomed. Best, asbjorn jokstad The panel agrees with the majority of the experts that the proposal aimed to develop a model-based theranostic approach by monitoring and possibly enhancing the osseointegration of dental implants by the use of low-intensity ultrasound addresses a clear vision. The panel also recognizes that the technology concept does not challenge current paradigms since similar approaches are already realized in other medical fields. The panel shares the view of the experts that the proposal targets, to some extent, a novel and ambitious science-to-technology breakthrough with a clear technological objective. Pulsed low-intensity ultrasound in the jaws has been studied with regards to stimulating healing following tooth extractions and in combination with distraction surgery, during orthodontic tooth movements and dental implants. The panel agrees that the proposal is ambitious and interdisciplinary, but is not wholly convinced that it is likely to achieve the technological breakthrough and open up new areas of investigations. There is also some uncertainty about whether the criterion of non-incrementality is completely satisfied. The panel agrees with the experts that the anticipated outputs of the project can contribute to the expected impacts listed in the work programme under this topic. However, the panel recognizes the comment made by one of the experts that although the new device may provide a better assessment of implant osseointegration failure, the LIPUS element of this device may not necessarily prevent this failure. The measures and plans to disseminate and use the results, including the management of intellectual property rights and to communicate about the project to different target audiences, is compelling. The research methodology and work plan to achieve project objectives and impacts, including adequate allocation of resources to tasks and partners, is coherent and effective, and the participants in the consortium have complementary roles that bring together the necessary expertise to undertake the described research efficiently. A minor shortcoming is that the plans for the clinical trials are unclear about descriptors of primary outcomes.

[REDACTED] (16/Jan 15:03) - Accept on behalf: panel qc
[REDACTED] (16/Jan 15:05) - Sign on behalf: panel qc

[Refresh comments](#)

Evaluation Summary Report - Research and innovation actions

Help

Status: **Below**

Total score: 3.85 Threshold: 0 Evaluation progress: 100.00%

[Expand](#) / [Collapse all criteria](#)

+ Criterion 1 - Excellence

Current score: 3.75 / 5.0 ; Threshold 4; Weight 60% ; Priority 1

+ Criterion 2 - Impact

Current score: 4.0 / 5.0 ; Threshold 3.5; Weight 20% ; Priority 2

+ Criterion 3 - Quality and efficiency of the implementation

Current score: 4.0 / 5.0 ; Threshold 3; Weight 20% ; Priority 3

+ Scope of the proposal

Current status: Yes

+ Operational Capacity

Current status: Operational Capacity: Yes

+ Exceptional funding of third country participants/international organisations

+ Use of human embryonic stem cells (hESC)

- Panel comments on proposal

This Evaluation Summary Report contains the final scores, endorsed by the FET-Open final Panel review. The Panel based its conclusions on the prior individual evaluations, conducted by four independent evaluators. The comments from the individual evaluators, or extracts from them, are included below in this report. They are collated per sub-criterion, so in the report the comments on each sub-criterion reflect the opinions from all four evaluators.

While not necessarily subscribing to each and every opinion expressed, the Panel finds that to a certain extent the comments from the evaluators provide a fair overall assessment, indicating both essential strengths and weaknesses identified in the proposal.

According to the predefined scoring scale the proposal is very good (overall score above 3.5 up to 4.5 included). However, it is below one or more thresholds as defined in the FET-Open Work programme 2018-2020.

The panel agrees with the majority of the experts that the proposal aimed to develop a model-based theranostic approach by monitoring and possibly enhancing the osseointegration of dental implants by the use of low-intensity ultrasound addresses a clear vision. Pulsed low-intensity ultrasound in the jaws has been studied with regards to stimulating healing following tooth extractions and in combination with distraction surgery, during orthodontic tooth movements and dental implants. The panel agrees that the proposal is ambitious and interdisciplinary, but the proposal has shortcomings in describing how it will achieve the technological breakthrough and open up new areas of investigations. The panel recognizes the comment made by one of the experts that although the new device may provide a better assessment of implant osseointegration failure, the LIPUS element of this device may not necessarily prevent this failure. Another minor shortcoming is that the plans for the clinical trials are unclear about descriptors of primary outcomes.

The Panel advises the consortium not to resubmit the proposal to FET-Open, without substantially redrafting it, potentially including the revision of the research idea.

+ Proposal minutes at the panel stage

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asbjorn.jokstad@uit.no

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Panel	Task	Proposal	Acronym	Status	Owner	Deadline	Score
CLUSTER-C	Write CR		min	Finished	JOKSTAD Asbjørn	21 Jun 2022 17:00	4.55
CLUSTER-C	Write CR		BIO	Finished	JOKSTAD Asbjørn	21 Jul 2022 00:00	4.4
CLUSTER-A	Review ESR		Org	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.25
CLUSTER-A	Write CR		Org	Finished	JOKSTAD Asbjørn	25 Jun 2022 17:00	4.25
CLUSTER-A	Review ESR		MA	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.2
CLUSTER-A	Review ESR		AS	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.15
CLUSTER-A	Review ESR		HDB	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.15
CLUSTER-A	Write CR		HDB	Finished	JOKSTAD Asbjørn	24 Jun 2022 17:00	4.15
CLUSTER-A	Review ESR		LIF	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.15
CLUSTER-A	Write CR		LIF	Finished	JOKSTAD Asbjørn	24 Jun 2022 17:00	4.15
CLUSTER-A	Review ESR		AI-F	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.1
CLUSTER-A	Review ESR		GLI	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4.1
CLUSTER-A	Review ESR		CO	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4
CLUSTER-A	Write CR		CO	Finished	JOKSTAD Asbjørn	20 Jun 2022 17:00	4
CLUSTER-A	Review ESR		NaM	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4
CLUSTER-A	Review ESR		PR	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	4
CLUSTER-A	Review ESR		INV	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.95
CLUSTER-A	Review ESR		On	Finished	JOKSTAD Asbjørn	08 Sep 2022 00:00	3.95
CLUSTER-A	Review ESR		RE	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.95
CLUSTER-A	Review ESR		ON	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.9
CLUSTER-A	Review ESR		MA	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.8
CLUSTER-A	Review ESR		ADA	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.65
CLUSTER-A	Review ESR		CEL	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.6
CLUSTER-A	Review ESR		DE	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.55
CLUSTER-A	Review ESR		GLI	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.55
CLUSTER-A	Review ESR		PAN	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.5
CLUSTER-A	Review ESR		UCR	Finished	JOKSTAD Asbjørn	03 Aug 2022 17:00	3.5
CLUSTER-A	Review ESR		IMA	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.45
CLUSTER-A	Write CR		IMA	Finished	JOKSTAD Asbjørn	27 Jun 2022 17:00	3.45
CLUSTER-A	Review ESR		Bio	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.4
CLUSTER-A	Review ESR		Foc	Finished	JOKSTAD Asbjørn	09 Sep 2022 00:00	3.3
CLUSTER-A	Review ESR		Nan	Finished	JOKSTAD Asbjørn	01 Aug 2022 17:00	3.25
CLUSTER-A	Review ESR		AS	Finished	JOKSTAD Asbjørn	06 Aug 2022 17:00	3.15
CLUSTER-A	Write CR		AS	Finished	JOKSTAD Asbjørn	25 Jun 2022 17:00	3.15

Takk for din oppmerksomhet og lykke til videre!

