关于举办大数据临床研究高级特训班的通知

各有关医疗卫生机构，各医疗有关人士：

随着医学研究需求日益旺盛，广大医务人员的科研热情也被点燃，已形成星火燎原、长江后浪推前浪之势。但在实际执行过程中，又出现各式各样的问题：

1. 这个仪器使用费好贵，那个细胞株也不便宜，心仪的抗体价格好哇塞，做基因的价格能上天——缺经费。
2. 收集数据过程繁琐、工作量大，获得数据量偏少，难以实践研究计划，难以获得期望的研究效果——缺数据。
3. 无处下手，不知如何设计以实现研究目标——缺方法。
4. 统计怎么搞？看着就头疼——不会统计运用。
5. 这种方法真好，想学！可谁能教我？——无人指引。

……

针对这些问题，暨南大学附属第一医院临床研究部特向大家推荐大数据临床研究，本团队已建立起系统的临床研究入门及临床数据挖掘培训方法，并开发出相应课程：

1. 大量临床公共数据库可供研究所用：MIMIC 数据库——急危重症医学临床研究；SEER 数据库——肿瘤预后相关临床研究；HRS 数据库——老年医学临床研究；CHNS 和 NHANES 数据库——临床营养医学研究，等等。有了足够的数据，才有可能实现设想，磨练方法，获得结果；同时，扩展到新的想法和课题。最关键的是——这些统统不要钱！
2. 最常用的临床研究设计方法和细节，被以实际数据和结果承载的实例来展示、讲解，以便从实践中学习，掌握得更加牢固。

3. 从临床应用角度讲解统计：什么场景应该运用何种统计方法？具体如何应用软件进行操作？结果如何解读？——使受众能真正把统计方法运用到处理数据过程中，实操过关。
4. 多种研究设计方法和统计套路加盟课程，同时还有当今大数据研究最强工具——R 语言教程和科研扩展内容。

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综上，由暨南大学附属第一医院临床研究部、广东省护士协会主办的第一期《大数据临床研究高级特训班》【国家级继续教育项目（ 2023-15-01-037（国）】定于 2023 年 4 月 10 日-4 月 14 日在暨南大学附属第一医院举行。现将学习班有关事宜通知如下:

一、培训目标：

培养医务人员利用临床大数据进行临床研究的能力，尤其是实际操作能力。

二、培训对象：

各级医疗单位有志于科研的医务人员。

三、培训内容

第一天：

医务人员如何兼顾“上临床”与“做科研”（2h）

大数据时代的临床研究设计与实施（3h）

医疗数据挖掘研究设计快速入门要点（3h）

晚自习-配辅导老师（3h）

第二天：

无统计，不科研——最常用统计方法介绍（1h）

三种回归分析的 SPSS 操作方法（1h）

SPSS 实际操作演练（上机实操课，2h）

临床公共数据库与数据挖掘（3h）

如何高效阅读 SCI 论文（1h）

晚自习-配辅导老师（3h）

第三天：

SEER 数据库介绍及使用说明（1h）

SEER 数据库使用案例详解 1（1h）

SEER 数据库使用案例详解 2（1h）

SEER 数据库使用案例详解 3（1h）

重症医学数据库介绍及挖掘实战（2h）

SEER 数据库申请实操（上机实操课，1h）

R 语言学习预备工作：简介、装软件及 R 包、熟悉软件（上机实操课，1h）

晚自习-配辅导老师（3h）

第四天：

基于 R 语言的临床数据挖掘——数据读取（上机练习、答疑讨论，1h）

基于 R 语言的临床数据挖掘——描述数据（上机练习、答疑讨论，1h）

基于 R 语言的临床数据挖掘——线性回归（上机练习、答疑讨论，1h）

基于 R 语言的临床数据挖掘——逻辑回归（上机练习、答疑讨论，1h）

临床预测模型基本理论（1.5h）

重症数据挖掘三十六式（1.5h）

SEER 数据挖掘十八式（1h）

晚自习-配辅导老师（3h）

第五天：

SEER 数据提取实操（上机实操课，1.5h）

MIMIC 数据提取实操（上机实操课，1.5h）

临床预测模型上机操作（上机实操课，4h）

临床在职人员如何发表科研论文（1h）

四、学习形式

理论学习 25 学时，上机实操 15 学时，晚自习（配辅导老师）12 学时

五、培训时间、地点、费用

1.培训时间：2023 年 4 月 10 日-4 月 14 日

8:00-12:00，14:00-18:00，19:00-22:00

报到时间：2023 年 4 月 9 日 14:30-18:30

报到和培训地点：广东省广州市黄埔大道西 613 号，暨南大学附属第一医院

2.学分授予：参加培训者可获得国家级 I 类继续医学教育学分 10 分。请本人携带 IC 学分卡，逾期不予补刷学分。

3.收费：

培训费 5000 元/人。食宿交通费用自理，按规定回原单位报销。

备注：

1）参加培训者需自备笔记本电脑，性能适中（不可太陈旧），有一个磁盘（如 D 盘或 E 盘）剩余空间大于 500G。

2）缴费后因各种原因未参加培训者，按所缴费用 80%退款。

3）参加培训者必须在 4 月 5 日前完成培训费支付。

4）为保证学习效果，本培训班限额 50 名，报名额满即止，报名未缴费者不保留名额。

六、报名和缴费方式（限 50 人，确定报名成功后请尽快完成缴费）

1.报名入口：请扫描下方二维码报名(满员后自动关闭）：

暨大附一大数据临床研究高级班报名二维码

2.缴费方式

（1）个人缴费：扫描下方二维码缴费

大数据临床研究高级班缴费二维码

请注意：汇款时请备注，格式为：“姓名+大数据临床研究”

七、联系人和联系方式

联系人：李莉 老师 18810900509

附件 1：主讲简介

附件 2：课程表

附件 3：团队相关论文列表

暨南大学附属第一医院（广州华侨医院）

2023 年 2 月 20 日

附　件

附件 1. 主讲简介

吕军，医学博士，博士生导师，研究员，暨南大学附属第一医院临床研究方法学学科带头人，临床研究部主任，曾任西安交大一附院临床研究中心副主任。主要研究方向为心脑血管疾病临床研究、临床大数据挖掘（e.g.临床预测模型）、重症护理。

任中国医疗保健国际交流促进会循证医学分会委员、临床研究学组**组长**、中华医学会临床流行病学和循证医学分会循证医学学组**委员**、中国医药教育协会医药统计专业委员会**委员**、《中国循证医学杂志》《医学新知》编委会**委员**、广东省护士协会大数据管理分会**会长**、广东省医学会临床研究学分会**委员**、广东省医学会循证医学分会**委员**等职。

已发表研究论文 300 余篇，其中第一作者和通讯作者 SCI 论文 200 余篇（总影响因子＞850），ESI 高被引论文 5 篇，ESI 热点论文 1 篇，CNKI 三高论文 4 篇，H 因子 32；主持国家级研究课题两项、省部级研究课题四项；获陕西省科学技术二等奖两项；获得专利 11 项：其中发明专利 2 项、实用新型专利 9 项。

团队配备了临床研究设计、深层统计、大数据挖掘等领域的专职工作人员，负责全院的临床研究管理、培训和技术支持工作。该团队建立起系统的临床研究入门及临床数据挖掘培训方法，已开发利用多个国际公共数据库进行临床大数据挖掘实践，依托学组常规性举办医学大数据挖掘培训班，在业内取得一定的影响力。

团队统招硕士研究生毕业标准曾为完成 8 篇临床研究 SCI 论文；曾指导多名本科生完成至少 1 篇临床研究 SCI 论文。

团队 2022 年发表 SCI 论文 70 篇，其中 29 篇影响因子＞5 分，一区或＞10 分 4 篇。

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附件 2. 课程表

	讲者	讲授题目	讲授学时	教学方法（面授或实验技术）
第一天	医院领导	开幕式 + 领导致辞		
	吕军	医务人员如何兼顾“上临床”与“做科研”	2	面授理论
	吕军	大数据时代的临床研究设计与实施	3	面授理论
	吕军	医疗数据挖掘研究设计快速入门要点	3	面授理论
	团队老师	晚自习	3	实操辅导
第二天	吕军	无统计，不科研——最常用统计方法介绍	1	面授理论
	李淑娜	三种回归分析的SPSS操作方法	1	面授理论
	李淑娜	SPSS实际操作演练	2	实操
	吕军	临床公共数据库与数据挖掘	3	面授理论
	吕军	如何高效阅读SCI论文	1	面授理论
	团队老师	晚自习	3	实操辅导
第三天	黄礼莹	SEER数据库介绍及使用说明	1	面授理论
	吕军	SEER数据库使用案例详解1	1	面授理论
	吕军	SEER数据库使用案例详解2	1	面授理论
	吕军	SEER数据库使用案例详解3	1	面授理论
	吕军	重症医学数据库介绍及挖掘实战	2	面授理论
	黄礼莹	SEER数据库申请实操	1	实操
	吕军	R语言学习预备课	1	实操
	团队老师	晚自习	3	实操辅导
第四天	吕军	基于R语言的临床数据挖掘——数据读取	1	实操
	吕军	基于R语言的临床数据挖掘——描述数据	1	实操
	吕军	基于R语言的临床数据挖掘——线性回归	1	实操
	吕军	基于R语言的临床数据挖掘——逻辑回归	1	实操
	吕军	临床预测模型基本理论	1.5	面授理论
	吕军	重症数据挖掘三十六式	1.5	面授理论
	吕军	SEER数据挖掘十八式	1	面授理论
	团队老师	晚自习	3	实操辅导
第五天	黄礼莹	SEER数据提取实操	1.5	实操
	吕军	MIMIC数据提取实操	1.5	实操
	吕军	临床预测模型上机操作	4	实操
	吕军	临床在职人员如何发表科研论文	1	面授理论

附件 3：团队相关论文列表

- **MIMIC 数据挖掘论文**

1. Influence of systolic blood pressure trajectory on in-hospital mortality in patients with sepsis. BMC Infectious Diseases 2023, Accepted. **IF: 3.669.**
2. Malignant cancer may increase the risk of all-cause in-hospital mortality in patients with acute myocardial infarction: a multicenter retrospective study of two large public databases. Cardio-Oncology 2023, 9(1): 6. **IF：无**
3. Developing an Explainable Machine Learning Model to Predict the Mechanical Ventilation Duration of Patients with ARDS in Intensive Care Units. Heart & Lung 2023, 58: 74-81. **IF: 3.149.**
4. The Hemoglobin-to-Red Cell Distribution Width Ratio to Predict All-Cause Mortality in patients with Sepsis-Associated Encephalopathy in the MIMIC-IV Database. International Journal of Clinical Practice 2022, 2022: 7141216. **IF: 3.149.**
5. Infections in Acute Pancreatitis: organisms, resistance-patterns and effect on mortality. Digestive Diseases and Sciences 2022, https://doi.org/10.1007/s10620-022-07793-1. **IF: 3.487.**
6. Impact of falls within 3 months on the short-term prognoses of elderly patients in intensive care units: a retrospective cohort study using stabilized inverse probability treatment weighting. Clinical Interventions in Aging 2022, 17: 1779-1792. **IF: 3.829.**
7. Association of lactate to albumin ratio and bicarbonate with short-term mortality risk in patients with acute myocardial infarction. BMC Cardiovascular Disorders 2022, 22: 490. **IF: 2.174.**
8. Thiamine supplementation may be associated with improved prognosis in patients with sepsis: an analysis of the MIMIC-IV database. British Journal of Nutrition 2022, https://www.doi.org/10.1017/S0007114522003373. **IF: 4.125.**
9. Development and validation of a simple nomogram for predicting the short-term prognosis of patients with pulmonary embolism. Heart & Lung 2023, 57: 144-151. **IF: 3.149.**
10. Serum Anion Gap Level Predicts All-Cause Mortality in Septic Patients: A Retrospective Study Based on the MIMIC III Database. Journal of Intensive Care Medicine 2022, https://doi.org/10.1177/08850666221123483. **IF: 2.889.**
11. Developing an Ensemble Machine Learning Model for Early Prediction of Sepsis-Associated Acute Kidney Injury. iScience 2022, 25(9): 104932. **IF: 6.107.**
12. Effects of growth trajectory of shock index within 24 h on the prognosis of patients with sepsis. Frontiers in Medicine 2022, 9: 898424. **IF: 5.058.**
13. Association between statin use and the prognosis of patients with acute myocardial infarction complicated with diabetes. Frontiers in Cardiovascular Medicine 2022, 9: 976656. **IF: 5.846.**
14. The Relationship between Hematocrit and Serum Albumin Levels Difference and Mortality in Elderly Sepsis Patients in Intensive Care Units – A Retrospective Study Based on Two Large Database. BMC Infectious Diseases 2022, 22: 629. **IF: 3.667.**
15. External Validation Based on Transfer Learning for Diagnosing ICUs Atelectasis Using Portable Chest X-rays. Frontiers in Medicine 2022, 9: 920040. **IF: 5.058.**
16. Antiembolic therapy to improve the ICU mortality rate of patients with acute myocardial infarction and type II diabetes mellitus. Frontiers in Cardiovascular Medicine 2022, 9: 948924. **IF: 5.846.**
17. Metformin protects cardiovascular health in people with diabetes. Frontiers in Cardiovascular Medicine 2022, 9: 949113. **IF: 5.846.**

18. Thiamine may be beneficial for patients with ventilator-associated pneumonia in the intensive care unit: a retrospective study based on the MIMIC-IV database. Frontiers in Pharmacology 2022, 13: 898566. **IF: 5.988.**
19. The Use of Antibiotics for Ventilator-Associated Pneumonia in the MIMIC-IV Database. Frontiers in Pharmacology 2022, 13: 869499. **IF: 5.988.**
20. Deep Transfer Learning to Quantify Pleural Effusion Severity in Chest X-rays. BMC Medical Imaging 2022, 22: 100. **IF: 2.795.**
21. Early prediction of in-hospital mortality in patients with congestive heart failure in intensive care unit: a retrospective observational cohort study. BMJ open 2022, 12: e059761. **IF: 3.006.**
22. The association between bronchoscopy and the prognoses of patients with ventilator-associated pneumonia in intensive care units: a retrospective study based on the MIMIC-IV database. Frontiers in Pharmacology 2022, 13: 868920. **IF: 5.988.**
23. Infusion of human albumin on acute pancreatitis therapy: new tricks for old dog? Frontiers in Pharmacology 2022, 13: 842108. **IF: 5.988.**
24. Effects of Gastric Acid Secretion Inhibitors for Ventilator-Associated Pneumonia. Frontiers in Pharmacology 2022, 13: 898422. **IF: 5.988.**
25. Using Restricted Cubic Splines to Study the duration of antibiotic use in the Prognosis of Ventilator-Associated Pneumonia. Frontiers in Pharmacology 2022, 13: 898630. **IF: 5.988.**
26. Prognostic data analysis of surgical treatments for intracerebral hemorrhage. Neurosurgical Review 2022, 45(4):2733-2744. **IF: 2.80.**
27. Effect of first trough vancomycin concentration on the occurrence of AKI in critically ill patients: A retrospective study of the MIMIC-IV database. Frontiers in Medicine 2022, 9: 879861. **IF: 5.058.**
28. Antithrombotic therapy improves ICU mortality of septic patients with peripheral vascular disease. International Journal of Clinical Practice 2022, 2022: 1288535. **IF: 3.149.**
29. Association Between Blood Pressure During Vasopressor Weaning and Hospital Survival: What are the Optimal Targets of Vasopressor Support? Emergencia 2022, 34(5): 331-338. **IF: 5.345.**
30. The Association Between Continuous Renal Replacement Therapy as Treatment for Sepsis-Associated Acute Kidney Injury and Trend of Lactate trajectory as Risk Factor of 28-Day Mortality in Intensive Care Units. BMC Emergency Medicine 2022, 22: 32. **IF: 2.485.**
31. Prediction of prognosis in elderly patients with sepsis based on machine learning (random survival forest). BMC Emergency Medicine 2022, 22: 16. **IF: 2.485.**
32. A novel risk-prediction scoring system for sepsis among patients with acute pancreatitis: a retrospective analysis of a large clinical database. International Journal of Clinical Practice 2022, 2022: 5435656. **IF: 3.149.**
33. Predicting ICU Mortality in Rheumatic Heart Disease: Comparison of XGBoost and Logistic Regression. Frontiers in Cardiovascular Medicine 2022, 9: 847206. **IF: 5.846.**
34. Influence of ambulatory blood pressure-related indicators within 24 h on in-hospital death in sepsis patients. International Journal of Medical Sciences, 2022, 19(3): 460-471. **IF: 3.642.**
35. Red cell distribution width to platelet ratio is associated with increasing in-hospital mortality in critically ill patients with acute kidney injury. Disease Markers 2022, https://doi.org/10.1155/2022/4802702. **IF: 3.464.**
36. Analysis of the correlation between the longitudinal change trajectory of SOFA scores and prognosis in patients with sepsis at 72 hour after admission based on group trajectory modeling. Journal of

Intensive Medicine 2022, 2(1): 39-49.
37. Risk factor analysis and Nomogram for predicting In-Hospital Mortality in ICU patients with sepsis and lung infection. BMC Pulmonary Medicine 2022, 22: 17. **IF: 3.32.**
38. Influence of the trajectory of the urine output for 24 hours on the occurrence of AKI in patients with sepsis in intensive care unit. Journal of Translational Medicine 2021, 19: 518. **IF: 8.44.**
39. Deep-Learning-Based Survival Prediction of Patients in Coronary Care Units. Computational and Mathematical Methods in Medicine 2021, 2021:5745304. **IF: 2.809.**
40. Developing and verifying a multivariate model to predict the survival probability after coronary artery bypass grafting in patients with coronary atherosclerosis based on the MIMIC-III database. Heart & Lung, 2021, 52: 61-70. **IF: 3.149.**
41. Obesity paradox of all-cause mortality in 4133 patients treated with coronary revascularization. Journal of Interventional Cardiology 2021, 3867735. **IF: 1.776.**
42. Influence of fluid balance on the prognosis of patients with sepsis. BMC Anesthesiology 2021, 21(1): 269. **IF: 2.376.**
43. A new scoring system for predicting in-hospital death in patients having liver cirrhosis with esophageal varices. Frontiers in Medicine, 2021, 8: 678646. **IF: 5.058.**
44. A novel nomogram for predicting survival in patients with severe acute pancreatitis: an analysis based on the large MIMIC-III clinical database. Emergency Medicine International 2021, 2021:9190908. **IF: 1.621.**
45. Establishment of a prognostic model for patients with sepsis based on SOFA: a retrospective cohort study. Journal of International Medical Research 2021, 49(9): 3000605211044892. **IF: 1.573.**
46. Using restricted cubic splines to study the trajectory of systolic blood pressure in the prognosis of acute myocardial infarction. Frontiers in Cardiovascular Medicine 2021, 8: 740580. **IF: 5.846.**
47. The role of glucocorticoids in the treatment of ARDS: a multicenter retrospective study based on the eICU Collaborative Research Database. Frontiers in Medicine 2021, 8: 678260. **IF: 5.058.**
48. Prognostic Value of Blood Urea Nitrogen/Creatinine Ratio for Septic Shock: An Analysis of the MIMIC-III Clinical Database. BioMed Research International 2021, 2021: 5595042. **IF: 3.246.**
49. Construction and Evaluation of a Sepsis Risk Prediction Model for Urinary Tract Infection. Frontiers in Medicine 2021, 8: 671184. **IF: 5.058.**
50. Effects of stress hyperglycemia on short-term prognosis of patients without diabetes mellitus in Coronary Care Unit. Frontiers in Cardiovascular Medicine 2021, 8: 683932. **IF: 5.846.**
51. Exploration and Establishment A Prognostic Model Based on The SOFA Score for First Diagnosed Acute Myocardial Infarction Patients. Journal of International Medical Research 2021, 49(5): 1-15. **IF: 1.573.**
52. Body Mass Index Linked to Short-Term and Long-Term All-Cause Mortality in Patients with Acute Myocardial Infarction. Postgraduate Medical Journal 2022, 98: e15. **IF: 4.973.**
53. A nomogram for predicting the risk of sepsis in patients with acute cholangitis. Journal of International Medical Research 2019, August 20. doi: 10.1177/0300060519866100. **IF: 1.287.**
54. Description of clinical characteristics of VAP patients in MIMIC database. Frontiers in Pharmacology 2019, 10: 62. **IF: 4.225.**
55. 急性心肌梗死患者短期死亡风险预测模型的构建与评估. 中国循证心血管医学杂志, 2022, 14(4): 406-410.
56. 基于 MATLAB 的医学影像数据迁移学习的实现. 医学新知, 2022, 32(01): 33-39.

57. 多变量选择方法在临床预测模型中的验证：基于 MIMIC 数据库. 中国循证医学杂志, 2021, 21(12): 1463-1467.
58. 胸腔 X 射线影像数据库-MIMIC-CXR 数据探索. 中国循证心血管医学杂志, 2021,13(6): 653-656, 660.

- **SEER 数据挖掘论文：**

1. Nomograms for predicting overall survival and cancer-specific survival in patients with head and neck non-Hodgkin's lymphoma: a population-based study. Medicine 2023, Accepted. **IF: 1.817.**
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50. Development and validation of a nomogram for predicting cancer-specific survival in patients with Wilms' tumor. Journal of Cancer 2019, 10(21): 5299-5305. **IF: 3.565.**
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52. Nomograms for predicting the survival rate for cervical cancer patients who undergo radiation therapy: a SEER analysis. Future Oncology 2019, 15(26): 3033-3045. **IF: 2.66.**
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58. Nomograms for predicting long-term overall survival and cancer-specific survival in lip squamous cell carcinoma: a population-based study. Cancer Medicine 2019, 8(8): 4032-4042. **IF: 3.491.**
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64. Incidence rate and risk factors for suicide death in patients with skin malignant melanoma: a Surveillance, Epidemiology, and End Results analysis. Melanoma Research 2018 Nov 26. doi: 10.1097/CMR.0000000000000559. **IF: 2.381.**
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66. 基于 SEER 数据库的胰腺癌患者自杀风险因素分析. 医学新知, 2022, 32(03): 192-200.

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8. Trends in the incidence and DALYs of schizophrenia at the global, regional and national levels: results from the Global Burden of Disease Study 2017. Epidemiology and Psychiatric Sciences 2020, 29: e91.

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18. Changing epidemiology of chronic kidney disease due to type 2 diabetes mellitus from 1990 to 2017: estimates from GBD 2017. Journal of Diabetes Investigation 2020, DOI:10.1111/jdi.13355. **IF: 4.232**
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