

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Increasing Primary Care Research Workforce and Output through T32 Primary Care Fellowship Training

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

CONTEXT Primary care (PC) is well-positioned to address rapidly evolving public health priorities and research meaningful to patients and other stakeholders. Research training is rate-limiting. Funding opportunities for pre-/post-doctoral training exist in the US, including T32 programs. The 60+ Clinical and Translational Science Award (CTSAs)-supported institutional programs also offer robust training (e.g., TL1 or KL2), including in team science, community-engaged research (CER), and implementation science (IS), all well aligned with PC research. However, most PC departments are not leveraging such programs. OBJECTIVE: We describe the framework and outcomes of a new post-doc T32 program (HRSA-21-013) from inception to the end of year three. STUDY DESIGN/INTERVENTION: Our 2-year T32 PC research training program includes 3 curricular tenets: 1) justice, equity diversity, and inclusion; 2) translational team science, with emphasis on CER and IS; and 3) actively-mentored research with a diverse group of senior mentors. Culturally-competent, high-quality training is provided via coursework, seminars/workshops, and mentored, hands-on research. SETTING: Academic medical center. POPULATION: Trainees with terminal degree in health care or related field and interested in PC-based research careers. OUTCOME MEASURES: Primary: A) Program stability as assessed by trainee satisfaction and meeting institutional/administrative requirements; and B) the proportion of trainees who graduate to PC-based research careers. Secondary: A) Trainees' research output (i.e., number of conference abstracts, peer-reviewed publications, or grants). RESULTS: In the first 3 years, we hired/trained seven T32 trainees from diverse backgrounds, and developed a parallel cohort of clinicians interested in PC research. We work closely with our institutional CTSAs and its resources. Trainees rated their experience highly; their research included women/children's health, obesity, substance use, mental health, traumatic brain injury, musculoskeletal pain, and integrative health modalities; they published 50 peer-reviewed papers; presented 44 abstracts; and received four grants, including one NIH

Loan Repayment Award. Our two graduates were, and five will be, hired into PC research or clinician-scientist training careers. CONCLUSION: Research training is accessible to PC departments. Our T32 program, with our CTSA's support, will be well-positioned to compete for funding renewal in 2026.

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