

writing of this article, STFM is awaiting communication about next steps by the ACGME, as well as the release of FAQs from the ACGME Family Medicine Review Committee.

Mary Theobald, MBA



Ann Fam Med 2019;17:468-469. <https://doi.org/10.1370/afm.2451>.

PROGRESS ON A PILOT PROGRAM OF RESEARCH CAREER DEVELOPMENT DURING RESIDENCY

An Update on the ABFM-Approved Pilot Program of Integrated Mentored Research Training During Residency

In late November 2017, the ADFM Research Development Committee reported on a proposal made to and approved by the American Board of Family Medicine to create a pilot program for a Family Medicine Physician Scientist Pathway (FM-PSP).¹ In that commentary, we shared background and planned features of the program, designed as an alternative to current post-residency fellowship programs for residents who wish to pursue a research career in family medicine. Other primary care specialties employ a residency research pathway to recruit medical students with concurrent interest in a research career, but before the advent of the FM-PSP, the specialty of family medicine has lacked this essential tool.

With this new pathway option, medical students interested in a research career have the option to participate in the FM-PSP model of integrated clinical and research training during residency rather than seek research fellowships after completing residency. This integrated training allows participants to begin the path of a career of independently funded research straight out of medical school without having a “gap” in research training during the years of residency. The FM-PSP includes rigorous methodological training in quantitative and qualitative research as well as scientific writing with the intention that participants will be able to write high-quality peer-reviewed publications and competitive NIH-type grant applications during (and after) their training. Some of the research coursework may be applied towards an advanced degree (eg, MPH, MS, etc) if desired. Learn more about the pathway at our website: <https://www.adfm.org/programs/physician-scientist-pathway>.

The FM-PSP, currently in a pilot phase, is designed to allow the participating programs and residents some flexibility in structure, including how residents enter or exit the program in terms of timing (PGY1 or later), length of the program, and curriculum. Because of the built-in time designated for research throughout the years of training, all PSP residents should plan for the full length of training to be 4 to 5 years.

The 7 residency programs currently participating in the pilot are:

- Case Western (site lead: Goutham Rao, MD)
- University of California, Davis (site lead: Anthony Jerant, MD)
- University of Florida (site lead: Peter Carek, MD, MS)
- University of Kansas (Belinda Vail, MD, MS)
- University of Pennsylvania (site lead: Margaret Baylson, MD, MPH)
- University of Utah (site lead: Kola Okuyemi, MD, MPH)
- Virginia Commonwealth University (site lead: Alex Krist, MD, MPH)

The program is overseen by an Advisory Board, chaired by James Puffer, MD, President and CEO Emeritus of the ABFM. Members of the Advisory Board include: Hazel Tapp, PhD (representing NAPCRG), Jennifer Carroll, MD, MPH (representing AAFP), Kola Okuyemi, MD, MPH (representing ADFM), Robert Phillips, MD, MSPH (representing ABFM), Bernard Ewigman, MD, MSPH (representing ADFM), and Chyke A. Doubeni, MD, MPH (PSP initial idea & proposer). In addition to these stellar representatives from across the family of family medicine, we are pleased to have 2 new individuals join the Ad Board from outside of national family medicine organizations: Richard Wender, MD, Chief Cancer Control Officer of the American Cancer Society and David Chambers, DPhil, Deputy Director for Implementation Science in the Division of Cancer Control and Population Sciences at the National Cancer Institute, a part of NIH.

Now, with year 1 of the pilot under our belt, we have learned about some of the benefits and challenges for pilot sites in recruitment. The Advisory Board is committed to this initial learning phase of the pilot and is working to streamline the description of the pathway, develop a communication and dissemination strategy, and address barriers to participation such as the perceived length of training and availability of mentors under the FM-PSP. We look forward to continued updates and an evaluation plan for the pathway as we continue in this pilot phase.

Amanda Weidner, MPH, Deputy Director, ADFM, James Puffer, MD, President and Chief Executive Officer Emeritus, ABFM, Kola Okuyemi, MD, MPH, ADFM Research Development Committee, Chyke Doubeni, MD, MPH, Proposer of the FM-PSP

Reference

1. Doubeni CA, Davis A, Benson JL, Ewigman B, committee on behalf of the ARD. A Physician scientist pathway in family medicine residency training programs. *Ann Fam Med*. 2017;15(6):589-590. <http://www.annfammed.org/content/15/6/589>.



Ann Fam Med 2019;17:469-470. <https://doi.org/10.1370/afm.2456>.

2019 PBRN CONFERENCE HIGHLIGHTS: HOW DO WE KEEP PREVENTION ON THE TABLE IN THE FACE OF DISEASE MANAGEMENT INCENTIVES?

The 2019 NAPCRG Practice-Based Research Network Conference brought together the energy of 155 participants from the United States, Canada, and Haiti in Bethesda, Maryland on June 24-25, 2019. Conference co-chairs, Donald Nease, Jr, MD, and Michelle Greiver, MD, MSc, provided the welcome and orientation for this AHRQ-sponsored conference. Additionally, Arlene Bierman, MD, MS, Director of the Center for Evidence and Practice Improvement at the Agency for Healthcare Research and Quality shared a welcome on behalf of AHRQ and gave the audience a brief update on current initiatives.

Nav Persaud, MD, MSc, BA, BSc, family physician at St Michael's Hospital and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto delivered the first plenary, "*Preventing the Harms of Inequities in Primary Care*," addressing how screening interventions can address health inequities, including those that pertain to the social determinants of health rather than the management of diseases. Dr Persaud discussed how specific recommended interventions can promote or undermine health equity. Referencing a randomized controlled trial of free essential medicine distribution that was co-designed by a community guidance panel and conducted in a PBRN, Dr Persaud explained how the design and preliminary results of the trial can be used to help inform public policy in a way that promotes health equity.

The second plenary, entitled "*Prevention and Value*," was delivered by John W. Epling, Jr, MD, MSc, Professor of Family and Community Medicine at the Virginia Tech Carilion School of Medicine and Medical Director of Research for Family and Community Medicine. Dr Epling's presentation discussed the mission, methods, and scope of the US Preventive Ser-

VICES Task Force in recommending preventive services. Additionally, Dr Epling noted the challenges of balancing preventive services, chronic care management, and other facets of primary health care in value-based care systems and how to develop approaches to better integration of preventive services into clinical practice in the volume-to-value world.

The third plenary was a panel presentation hosted by several practice facilitators in a campfire-chat format entitled, "*Reframing Primary Care Transformation Through Practice Facilitation*." The presenters provided a welcoming format enabling a dynamic discussion between presenters and attendees that covered ways through which practice facilitation has contributed to primary care transformation and what role this profession may play in the future. Presenters used case studies and findings from the International Conference on Practice Facilitation (ICPF) to highlight how facilitators are moving beyond the walls of primary care and supporting alignment across multiple transformation initiatives.

The 10-member PBRN Planning Committee reviewed 83 abstracts leading to 30 poster presentations, 5 workshops/forums, and 38 oral presentations. Each submitter was asked to include a statement of why their research is relevant to clinical practice and patients. The 14 oral presentation tracks included PBRN infrastructure, prevention, technology, training, stakeholder engagement, network operations, practice facilitation, quality improvement, health disparities, chronic care management, dissemination and implementation, behavioral health, community engaged research, and other clinical topics.

The planning committee allowed for substantial time to accommodate 5 workshops. These workshops covered a variety of topics, including: person-centered care in research, community-based participatory research, and motivational interviewing, along with innovative models and community partnerships to address health disparities.

The 2 poster sessions were well attended and included ample opportunity for extended conversations and networking. Themed poster walks, in which attendees were led by a facilitator while presenters shared their research questions, methods, results, and key implications, were held this year. Poster walks offered the opportunity for attendees to learn more about a particular subject matter and research methodologies.

Conference participants were asked to vote for their choice of the best posters for the 2019 David Lanier Poster Awards. Winning posters can be found on the NAPCRG website (<https://www.napcrg.org/conferences/past-meeting-archives/>).