presentation, "The Promise of Equity and Diversity in Clinical Research," provided an overview of health disparities and the lack of diverse participation in biomedical and clinical research, with particular focus on the role of implicit or unconscious bias.

Andrew Pinto, MD, CCFP, FRCPC, MSc, founder and director of The Upstream Lab; scientist in the Li Ka Shing Knowledge Institute of St Michael's Hospital; and Assistant Professor at the University of Toronto. His presentation, "Can Equity, Diversity and Inclusion (EDI) Initiatives be Transformative in Research?" considered whether current practices in equity, diversity, and inclusion will transform research to address problems like systemic racism and pointed to recommendations for change.

A panel of talented leaders from US and Canadian funding agencies discussed health equity research funding with an emphasis on the role that PBRNs might play in responding to the agencies funding initiatives: Rick Glazier, MD; CIHR Institute of Health Services and Policy Research; George A. Mensah, MD FACC, FAHA, NIH National Heart, Lung and Blood Institute; Eliseo Perez-Stable, MD; NIH Institute on Minority Health and Health Disparities.

The 10-member PBRN planning committee reviewed over 60 abstracts that covered 15 different themes: behavioral health, chronic care management, clinical practice, community-engaged research, dissemination/implementation, health disparities, infrastructure/network operations, practice facilitation/quality improvement, prevention, proposal development/study design/methods, shared decision making/collaborative deliberation, stakeholder engagement, technology, and training. The schedule allowed for live, interactive sessions, including informal networking over coffee chats and a virtual poster hall.

To enhance the experience, some posters were featured in moderated discussions so that attendees could dive deeper into the subject matter and research methodologies. Focused on partnership, Isabel Rodrigues, MD, MOD; Marie Authier, PhD; Julie Masse, MD; and Myriam St. Pierre were recognized as "best poster" in their presentation, entitled "Examples of Partnership Between Clinical Collaborators and Researchers: Getting Knowledge Users to Integrate Research Results."

The American Academy of Family Physicians awarded the conference 10.00 continuing medical education credits.

Stay tuned to NAPCRG's website for information about the 2022 PBRN Conference, which is scheduled to be held in June in Bethesda, Maryland.

Funding for this conference is made possible [in part] by grant 1R13HS027067-02 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the United States Department of Health and Human Services, nor does mention of trade names, commercial practices or organizations imply endorsement by the United States Government.

Donald Nease, Jr, MD; Michelle Greiver, MD, MSc



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## A 5-YEAR UPDATE ON THE BUILDING RESEARCH CAPACITY INITIATIVE

Research and scholarship are intrinsic to the discipline of family medicine. All family medicine departments and residency programs seek to build and sustain research and scholarship capacity appropriate to their own goals and situation—their own ways to contribute to the scientific advancement of the practice and discipline of family medicine. That's where the Building Research Capacity (BRC) initiative comes in. In 2016, we reported on the advent of BRC in this commentary space<sup>1</sup> and today we give an update on how the program has continued to expand and evolve over the last 5 years.

# BRC Offerings and Evolution Over the Last

Since 2016, BRC has been working to provide opportunities for all departments and residency programs to engage family medicine leaders, researchers, and each other by offering interactive workshops at national family medicine meetings, sharing curricular examples to build a culture of inquiry, supporting a consultation service for departments or programs (more below on this), as well as evaluating and assessing all our efforts on an ongoing basis. In the last 5 years we have also gathered and shared data on family medicine research capacity and output<sup>2-7</sup> and have piloted a fellowship program which will formally launch with a larger cohort this year.

The Building Research Capacity Steering Committee has begun 2021 with new changes in leadership with an eye toward succession planning and a broader framework to expand our culture of inquiry. ADFM and NAPCRG worked jointly to recruit a new chair

and vice chair of BRC with terms that began in June. We are thrilled to welcome Dr Peter Seidenberg as our new Steering Committee Chair and Dr Navkiran Shokar as our Vice Chair and look forward to tapping into their experience and leadership to guide the committee as BRC moves to its next phase. We additionally want to thank Dr Bernard Ewigman for his 6+ years of service creating, leading, and guiding the BRC Initiative and the Steering Committee. His vision and leadership have driven this effort from the first day, and we so appreciate his investment and his continued willingness to serve as a mentor and resource to our team. We will continue to build out succession plans for committee members as another step in this program's evolution and maturation.

### The New BRC Fellowship

In 2021 we are also launching the new BRC Fellowship. The purpose of the BRC Fellowship is to equip individuals with the knowledge, leadership skills, mentorship, and peer support to develop and implement a strategic plan for building research capacity within their own programs, departments, or institutions. Fellows might be chairs, aspiring chairs, research directors, research change agents in a residency program, administrators, or others charged with making change in the organization. BRC fellows display skills in leadership, research organization, and faculty development. Candidates will be change agents for building their organization's capacity for producing scholarly activity. The fellow's organization should support development of that capability, including supporting the development of a strategic plan as a product of the BRC Fellowship.

The inaugural cohort of BRC fellows will begin in conjunction with the 2021 NAPCRG Annual Conference. We encourage all who may be interested to learn more here: https://adfm.org/programs/building-research-capacity-fellowship/.

#### **BRC Resources & Consultation**

As a main part of its mission and efforts, BRC continues to offer resources and consultation services to all departments and residency programs. BRC Consultations range in scope, helping departments and residency programs to enhance and expand scholarly activity, from evaluation and improvement of educational and clinical programs to increasing capacity to compete for external grant funding. Initial exploratory discussions are held at no charge and more in-depth consultations are tailored to individual client goals and needs. Consultations may be short term or longitudinal and can include bringing one of the consultants on-site in person or may be conducted entirely virtually. If you are interested in learning

more about a BRC consultation for your department or residency program, please contact Jessie Vera, ADFM Program & Communication Coordinator at jvera@adfm.org.

Peter Seidenberg, Navkiran Shokar, Jessie Vera, Amanda Weidner and Julie Sutter, The BRC Steering Committee

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## FAMILY MEDICINE PROGRAMS MEETING THEIR COMMUNITY NEEDS: LESSONS LEARNED FROM COMMUNITY-BASED PROGRAM COVID-19 RESPONSE

#### Introduction

COVID-19 has changed the way we all live and work, but how things changed depended quite a bit on your local community. Little has been written about the response of family medicine programs in smaller communities, while the heroic efforts undertaken in large academic medical centers have been well-documented. Full-spectrum family physicians had to respond by providing medical care not just in the hospital setting but also across the many settings where they work and