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Title

Building Research Capacity in Primary Care: A Scoping Review

Priority 1 (Research Category)

Research Capacity Building

Presenters

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Abstract

Context: Research is a core component of primary care academic programs and there have been various attempts to build research capacity amongst residents and primary care practitioners. However, there is no comprehensive synthesis of published literature on research capacity building (RCB) in primary care.

Objective: To provide a snapshot of the current state of RCB in primary care, identify research training opportunities and barriers for family physicians, and identify facilitators in the process.

Study Design and Analysis: Scoping review of published literature 1996 - August 2021. Inclusion criteria: primary studies focused on RCB in a context of primary care. Exclusion criteria: capacity development for non-research purposes, RCB models for a non-health context, & non-primary care practitioners.

Data Sources: Ovid Medline, Ovid Embase, Ovid Healthstar, APA PsycInfo, JBI EBP Database, Allied & Complementary Medicine, Health & Psychosocial Instruments, Journals@Ovid, Books@Ovid, and reference checks.

Population Studied: Primary care physicians, primary care physician trainees, nurse practitioners, & physician assistants.

Outcomes Measured: Methods and outcomes to improve RCB include: survey participants attitudes towards research and interest in RCB development programs, identifying barriers to RCB and enabling factors, mentorship, effective development of RCB, yearly trend of publications/conference

presentations, implications of research, barriers in RCB, opinions on sustainability of academic primary care careers, evaluation of RCB programs for new investigators, leadership opportunities, evaluating feasibility & scalability of new RCB programs.

Results: We included 93 of the 367 studies identified, published from 1997-2021. Improvements in RCB were associated with fellowship programs or new grant opportunities paired with mentorship. Recommended strategies include promoting positive research culture, promoting teamwork, integrating research opportunities into family medicine training, support networks, mentorship, & increasing funding support. Structured research programs were well received by participants and institutions for RCB. Barriers for RCB included administrative overload & lack of institutional support.

Conclusions: RCB improvements involve multiple formal & informal activities that are well accepted but there is a need to address personal and institutional barriers to engage in research.