ABSTRACT

Program Title: Primary Care Research Fellowship Program

Applicant Institution Name: Columbia University Medical Center Project Director: Steven Shea, MD MS

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Project Period: 7/1/11-6/30/16

Overview: The goal of Columbia University Medical Center's (CUMC) Primary Care Research Fellowship Program (PCRFP) is to provide medical professionals in General Internal Medicine (GM), General Pediatrics (GP) and Family Medicine (FM) with a rigorous research training experience leading to successful primary care research careers. The application is a collaboration between the Divisions of GM and GP, the Center for Family and Community Medicine and CUMC's Mailman School of Public Health. Our program accepts MDs with primary care training and PhDs with training in appropriate research disciplines.

Rationale: The rationale for our program arises from national priorities calling for a greater number of primary care researchers who can provide leadership and innovation in academic primary care and academic health centers. The rationale for our research focus areas derives from several Healthy People 2020 Objectives, in particular the over-arching goal of eliminating health disparities.

Setting: CUMC has a strong track record in primary care research, fellowship training and teaching, and provision of health services to the predominantly minority and medically underserved community of Northern Manhattan The GM Fellowship program at Columbia has been supported by HRSA since 1993, the GP Fellowship program from 2000-2006, and a joint T32 program since 2008. GM and GP faculty serve as principal investigators on 34 externally sponsored projects including 2 program project grants, 2 large NIH contracts, and 10 R01/RC1/RC2 grants. The PCRFP will be led by Dr. Steven Shea, who had been fellowship director 1992-2003, delegated directorship 2003-09, then again became PCRFP director in 2009. His research focuses on cardiovascular disease epidemiology and prevention. The Co-Directors will be Dr. Melissa Stockwell and Dr. Richard Younge, the current directors of the GP and FM programs respectively. Dr. Stockwell's research focuses on health literacy and community based interventions for pediatric immunizations; Dr. Younge's focus is on quality improvement and biomedical and behavioral integration in primary care. The PCRFP includes 10 research mentors, most with joint appointments in the School of Public Health, who have their own grants with active primary care research programs relating to health disparities, minority health or community based research. Of the proposed research mentors, 40% (4 of 10) are underrepresented minority (URM) including a Co-PD and 60% (6 of 10) are women including a Co-PD.

Objectives/ Methodology:

- 1. Recruit and retain two fellows per year in our two year research fellowship with special focus on the recruitment of candidates from URM groups.
- 2. Improvement of the fellow's research knowledge in epidemiology, biostatistics, and community engagement in research through completion of a graduate degree in public health (MPH).
- 3. Develop and implement mini-courses for the fellows to enhance their research skills in a) research ethics b) grantsmanship c) database programming and d) manuscript preparation.
- 4. Support fellows in the conduct of primary care research projects in minority health, health disparities and/or research in community based settings. This includes a) completion of at least one research project with submission of an abstract presentation to a national meeting by the end of third quarter of the 1st year and completion of the research manuscript by the second quarter of the 2nd year of training; b) progress in a second research project by the end of the 2nd year; and c) completion of a mentored research grant proposal by the end of the third quarter of the 2nd year.
- 5. Provide ongoing training in primary care practice (for MD fellows) and teaching, which is integral to the research training of primary care clinician investigators for future leadership in primary care. Thus we also propose to include some clinical and teaching experiences in minority and underserved community based settings as part of the training.
- 6. Provide fellows with specific training modules in cultural and linguistic competence and community engagement through appropriate didactics, research, and clinical experience.

Evaluation: An evaluation will be conducted using quantitative process and qualitative evaluative techniques. A quantitative assessment using measurable objectives will occur twice a year. Semi-annual structured interviews with each mentor and fellow will be used for feedback and qualitative assessment of the PCRFP.