



Me and Research, It's Complicated: Reflections From an FMAHealth Fellow

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Family medicine research is crucial for strengthening primary care and improving population health in the United States. Until a year ago, I could not have disagreed more. Housing the homeless, feeding the hungry—these issues seemed much more important for improving health and more relevant to family medicine. It took me nearly a decade to accept that it takes research to identify evidence-based solutions to these socioeconomic problems. You see, after deciding to become a family physician, I actively avoided research for several years. By finally welcoming research back into my life this past year as the Family Medicine for America's Health (FMAHealth) Research Fellow, I've come to appreciate family medicine research for what it is and how impactful it can be in advancing health and health care.

I am a community advocate at heart with a soft spot for science. My relationship with research started in college when I joined an immunology lab. Having just graduated from an underperforming high school, I dreamed of becoming a scientist so that I could invite inner city high schoolers to do research with me. Together, we would cure AIDS and improve health literacy in underserved communities. I hoped research would be my vehicle for social change, but I soon realized it wasn't. Though fun for my science brain, training to be

a researcher seemed to lead me toward the world of academics and theorists and away from my passion for empowering underserved communities. The community advocate in me found this unacceptable. I wanted a career that would encourage humanism as much as intellectual stimulation and bring me closer to communities; I decided to become a family physician and abandon research. It would take me several more years to realize family medicine research was different from basic research and could actually help me reach my social justice goals.

I limited my applications to medical schools and residencies without a research requirement for graduation. I surrounded myself with people with a strong social justice vein and spent my extracurricular time advocating for health equity and social justice. I pushed hard for health policies to make health care a human right, support gender nondiscrimination in health care, and discourage abstinence-only sexual education in schools. Opponents soon began challenging me to provide the evidence showing these policies would improve health. Finding evidence for many of the issues I advocated for was not easy, mostly because relatively little research had been done on policies relating to health equity. As reluctant as I was to get back involved with research, I knew it had to be done.

Upon accepting the FMAHealth Research Fellowship, I braced myself for all the forces that would soon start pulling me away from communities and toward academics. They never came. Instead, I met a team of conscientious, passionate family physician researchers eager to train me to do research in whatever setting I pleased. The first week of fellowship, my director offered me involvement with dozens of research projects spanning a breadth of topics, all at different stages of development. His single request was that I only take on projects I found interesting. Inspired by my director's clear dedication to my learning, I challenged myself to take interest in topics beyond health equity and absorb the rich learning opportunities each project offered. To better serve the underserved, I extended my focus beyond immediately addressing disparities to instead learn the core principles of family medicine research.

Family medicine research is as broad as the clinical discipline and affects health care in more ways than I had previously imagined. I realized this while working with the FMAHealth Research Tactic Team to evaluate the scholarly output of family medicine departments and

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identify collaboration patterns between family medicine researchers and researchers in other disciplines. Over 80% of family medicine researchers publish in non-family medicine journals and an even greater percentage publish with researchers outside their family medicine departments. This includes researchers in other specialties like cardiology or psychiatry as well as those outside of medicine such as public health, sociology, environmental science, and public policy. It is this broad reach of family medicine research that makes it so difficult to define and advocate for, yet so important.

I had firsthand exposure to the breadth of family medicine research through my projects at the Virginia Commonwealth University, the host institution for the FMAHealth Fellowship. From exploring how clinicians keep up with guideline changes to evaluating the utility of an opioid registry for encouraging appropriate prescribing, I applied qualitative methods to a variety of primary care topics. I navigated complex databases and used geocoding to assess maldistribution of primary care clinicians to map state-wide primary care workforce needs. Most importantly, I learned how to function within a primary care research team

alongside qualitative and quantitative researchers, statisticians, data managers, and other staff. I feel lucky to have been exposed to such a rich learning environment this year. And I know my experiences only begin to represent the diversity of what family medicine research is and what it can be.

Research is desperately needed in the worlds of both health equity and family medicine more broadly. Few opportunities exist to develop basic research literacy for family physicians involved in other aspects of family medicine such as community engagement, health equity, medical education, health information technology, and workforce development. This rare FMAHealth opportunity to work with multiple family medicine research teams on an array of research projects has equipped me with the tools and confidence I need to lead my own research studies, join a practice-based research network, and collaborate on projects across multiple health disciplines in ways that will directly and indirectly impact social justice. As a community advocate, I now realize the importance of family medicine research in guiding my efforts to improve health for all.

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