Conducting Research as a First-Year Medical Student
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Background

During the past twelve months, in response to COVID-19, there has been evolving societal expectations and values, including some transformations in academic health sciences education and training to ensure that those graduating from medical school will be better equipped to deal with the demands of modern medicine and further education. The TCU and UNTHSC School of Medicine has immersed its students in research early to develop physicians who are life-long learners capable of critical inquiry and in medical information literacy to produce physicians suited for patient-centric care. Through self-directed discovery, students develop skills needed to understand and use evidence-based approaches for basic and clinical research.

Methodology

- Identify a Core Topic
- Select a Mentor
- Research Current Literature on the Topic
- Create a Work Plan
- Partner with Local Organizations to Fit Community Needs
- Find Sponsors to Fund Idea

Discussion

The study (The Impact of COVID-19 Restrictions on Caregivers of Individuals with Dementia) used qualitative methods comprising of structured interview questions. The findings show that, despite a world-wide pandemic and the demands of beginning the first year of one's medical education, it is possible to effectively engage in scholarly evidence-based research. Medical schools need to ensure that students are provided with early exposure to environments that allow for the exploration of meaningful interactions by increasing opportunities to 'stand in' to the role of a researcher, even as students.

Acknowledgements

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Establishing a Research Lab in Public Health: Opportunities and Challenges from a Faculty and Student Led Collaboration

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Introduction

In September 2019, Old Dominion University (ODU) faculty and doctoral students began conceptualizing a Health Sciences research laboratory. The REACH (Research, Education, and data Analyst for Community Health) Lab was created and serves as a multidisciplinary research laboratory housed in the Center for Global Health in the College of Health Sciences at ODU. The Lab enables faculty, researchers, community partners, and students to conduct research for the advancement of health and wellness in Hampton Roads, the Commonwealth of Virginia, the nation, and the world.

The Lab recognizes and appreciates the importance of combining expertise and capacities of multiple institutions, disciplines, and professions in addressing complex health problems. The Lab seeks to create a productive and friendly environment in which it can educate and train future generations of public health researchers and professionals that do not fit into traditional academic structures.

Quick Facts

The REACH Lab:
- Has a mission to use a public health lens to conduct research related to social justice, economic, human resource, and environmental issues of interest to educators and mentor students in their development as future researchers, and to use data and evaluation to solve problems that affect our communities.
- Has a goal to create and maintain positive community services laboratory tasked with advancing scholarly and community-based research through interdisciplinary collaborations.
- Is co-led by the Syllabus Faculty and Health Services Research PhD students.

Process

The REACH Lab was piloted in January 2020 with 3 faculty members and 2 Health Services Research PhD students. By late 2020, a Code of Ethics was drafted and approved and has been in place to guide lab operations. Since Fall 2020, the Lab has grown with additional collaboration from five doctoral students. The Lab and the students have committed to convening regularly to discuss research, collaborations, support, and progress and to identify areas of potential research collaboration. Details are shared during each meeting and shared afterwards.

Challenges and Opportunities

The Lab provides many opportunities for students, faculty members, and community partners. To date, the Lab has:
- Published one manuscript on data on community studies.
- Received funding from the National Institutes of Health.
- Collaborated with local organizations for data collection.
- Provided opportunities for community service.
- Supported the development of new community partnerships.

While several accomplishments have been achieved, it is important to note that there are still challenges that will need to be addressed. These include:
- Leveraging different research interests to maximize collaboration.
- Managing competing priorities and schedules.
- Providing support for students and communities.
- Developing new partnerships.

Conclusion/Next Steps

While establishing the REACH Lab has shown some success, the team has learned valuable lessons to foster more intentional collaborations. Moving forward, the Lab will be focused on the following:
- Engaging and building community partnerships.
- Outreaching to more PhD and graduate students, including those from other disciplines.
- Setting up research interest groups/tracks to streamline collaboration.
- Increasing Lab presence on campus.
- Publishing and presenting research activities to larger audiences.
Expressions of Power and the Political Dimensions of Health in Global Pharmaceutical Pricing

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BACKGROUND

The "practice of medicine" is fast becoming the prescribing of medicine. Pharmaceuticals, from vaccines to treatments to cures, have become a first line of defense against disease and illness, particularly those arising high in terms of global health priorities. Balancing on pharmaceutical innovations, however, comes at a cost. With medicines fast becoming a growing component of total health spending and health systems a fast-growing line item of national budgets, pharmaceuticals are an inevitable issue of political and policy-making. Power is often concealed in these decisions, reflecting complex political relationships and impacts global consequences, including for health equity.

OBJECTIVE & RELEVANCE

Emerging evidence suggests that when researchers overlook the practice of power, they can mistake decisions on policy implementation as the result of substantive decisions. Power dynamics, generally accepted as a core of health equity, have deep-seated under globalization, resulting in irreversible consequences of power and economic interests, and global social norms centered on the exclusion of the individual in health and illness. But these power dynamics are amenable to, as well as dependent on, political action.

RESEARCH QUESTIONS

- What are the political dimensions of health care that drive decisions on policy implementation?
- Are such shifts restricted to a certain level of action (global, regional, local) or can they be bidirectional?

METHODOLOGY

Research Design: Employed Nvivo to classify actors involved in pharmaceutical pricing policies: development, negotiation, and implementation, according to interests, preferences, and interactions with other actors, with a focus on making trade-offs between health and economic interests, and interactions with other actors, with a focus on making trade-offs between health and economic interests.

Case Studies: External reference pricing, as practiced in Brazil, China, France, Jordan, and South Africa are examined, as are health technology assessment, as practiced in Australia, Canada, Japan, and the United States.

PRELIMINARY FINDINGS

- Positive and negative externalities of health to society are transferable, redistributive, and non-marketable; therefore, health is a public good.
- Markets under produce public goods relative to what may be socially optimal, State action traditionally provides public goods, though not always economic policies favor socializing.
- Public good theory acknowledges that achieving an efficient and equitable optimum is impossible within purely economy frameworks, political dimensions and determinants are necessary.
- The prevalence and reach of neoliberal economic policies through globalization commodifies health, individualizes disease and illness, and globalization—e.g., for communicable diseases—within a range of policy tools.
- Normative ambition as a mechanism for centering ethics, equity, and values in International Political Economy, allowing research on an institutional calculus of power for public decision making in health policy.
- Powerful actors in health policy and systems, where interests are primarily motivated by economic, fiscal, and health long-term costs, shape policymaking to their interests.
Virginia Journal of Public Health Submission Guidelines

The Virginia Journal of Public Health (VJPH) is published twice yearly, fall and spring by the Virginia Public Health Association. The VJPH welcomes research articles, professional articles and literature reviews for consideration for publication (Please see the specific formats for each type of manuscript listed below).

Deadline for Manuscript Submissions:
   Fall Issue: August 15th
   Spring Issue: February 15th

Journal manuscripts should be sent to Dr. Kim Baskette, Editor (kbaskett@vtc.vt.edu) as a WORD document, email attachment. In the cover letter or email, the corresponding author needs to affirm that the article has not been published elsewhere.

Manuscript Guidelines:

2. Typed and submitted as a Word document; double spaced, 12 pt. font (font style should be in alignment with new APA guidelines in 7th ed), 1” margins.
3. Include a title page with the names and addresses of each author to include professional affiliation.
4. Include a title page without author identification (will be used for blind review).
5. Include a pdf copy of the Institutional Review Board approval if appropriate.
6. Include references at the end of the manuscript in APA format.
7. Have any figures or tables embedded in the manuscript; do not include at the end of the manuscript. Tables and figures should be formatted in APA format only.
8. Include an abstract containing 200 words or less with appropriate delineated sections.

Organization of Manuscripts

- Research Articles
  - Abstract (200 words): Purpose, Methods, Results, Findings, Conclusion.
  - Text: Purpose, Methods, Results, Discussion, Summary, Conclusions, Recommendations, References.

- Professional Articles (position papers, public health policy, program descriptions)
  - Text: Purpose, Methodology (if applicable), Discussion, Summary, Recommendations (if applicable), References (if applicable)
Literature Reviews
  - Abstract (200 words): Purpose, Methodology (Data Sources, Inclusion and Exclusion criteria), Findings (Data Synthesis), Summary, Conclusions, Recommendations
  - Text: Purpose, Methodology (Data Sources, Inclusion and Exclusion criteria), Findings (Data Synthesis), Summary, Conclusions, Recommendations, References

Review Process

Manuscripts submitted will be sent to three members of the VJPHA Editorial Board for review. Reviewers will recommend (1) Acceptance, (2) Acceptance with Revisions, (3) Revise and Resubmit, or (4) Reject. The Editor makes the final decision and will notify the corresponding author of the manuscript disposition.

Questions: Contact Dr. Kim Baskette at kbaskett@vtc.vt.edu